

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris,
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 FEB -5 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000105206

1. Corporation Name

MAYS PROMOTIONS, INC.

Principal Place of Business

1851 GULF BLVD.
BELLEAIR BEACH FL 33786

Mailing Address

1851 GULF BLVD.
BELLEAIR BEACH FL 33786

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

1264 ESPINA COURT

Suite, Apt. #, etc.

1264 ESPINA COURT

City & State

PALM HARBOR FL 34683

City & State

PALM HARBOR FL 34683

Zip

34683

Country

USA

Zip

34683

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

12/01/1999

5. FEI Number

59-3615134

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P, P, T	WILLIAM D. MAYS	1264 ESPINA COURT	PALM HARBOR, FL 34683
			600003745406--7 -02/21/01--01065--016 ****150.00 ****150.00
			600003745406--7 -02/21/01--01065--016 ****150.00 ****150.00
			LS

8. Name and Address of Current Registered Agent

MAYS, WILLIAM D
1851 GULF BLVD.
BELLEAIR BEACH FL 33786

9. Name and Address of New Registered Agent

Name

MAYS WILLIAM D.

Street Address (P.O. Box Number is Not Acceptable)

1264 ESPINA COURT

Suite, Apt. #: Etc.

City

PALM HARBOR

State

FL

Zip Code

34683

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

WILLIAM D. MAYS
REGISTERED AGENT MUST SIGN

Date

12/20/2000

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

WILLIAM D. MAYS - PRESIDENT
WILLIAM D. MAYS - PRESIDENT

Date

12/20/2000 221-771-8587

Daytime Phone #

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 FEB -5 AM 11: 29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N 98 000003506

1. Corporation Name

Midway House of Faith, Inc.

2. Principal Office Address

1750 Woodlawn Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 6216

Suite, Apt. #, etc.

City & State

Gulf Breeze FL

Zip

32561

Country

USA

City & State

Gulf Breeze FL

Zip

32561

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4-2-98

5. FEI Number

X

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BAMA L. Jordan

Street Address (P.O. Box Number is Not Acceptable)

1575 DORMAN TRAIL

Suite, Apt. #, Etc.

City

Gulf Breeze

State
FL

Zip Code

32561

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Bama L. Jordan
REGISTERED AGENT MUST SIGN

Date 2-01-01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	BAMA Jordan (D)	1575 DORMAN TRAIL	Gulf Breeze FL 32561
V	Dorman Jordan (D)	1575 DORMAN TRAIL	Gulf Breeze FL 32561
Sec/Treas.	BRENDA K. Newcombe (D)	1414 LITTLE DUCK CIRCLE	Gulf Breeze FL 32561
			KE

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Brenda K. Newcombe Brenda K. Newcombe 2-1-01 850-932

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 2185

CR2081 (9/00)

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MIDWAY HOUSE of FAITH CHURCH

1750 Woodlawn Beach Rd.

Gulf Breeze, Fl 32561

Pastor Bama Jordan

MIDWAY HOUSE OF FAITH is requesting that late fees be waived on our corporation reinstatement for the following reason ; the renewal papers were not received by us , but were returned by the Postal Service to the Dept. of State. Therefore our corporation was mistakenly lapsed in 1999 .

Enclosed is our check for the reinstatement fee of \$ 183.75 as quoted to in telephone conversation Feb. 01 , 2001.

Thank you ,

Brenda K. Newcombe

Secretary Midway House of Faith

Brenda K. Newcombe