PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harrise

Secretary o^{*}State

DIVISION OF CORPORATIONS

DOCUMENT# P990

P99000105206

1. Corporation Name

MAYS PROMOTIONS, INC.

Principal Place of Business

Mailing Address

1851 GULF BLVD.

BELLEAIR BEACH FL 33786

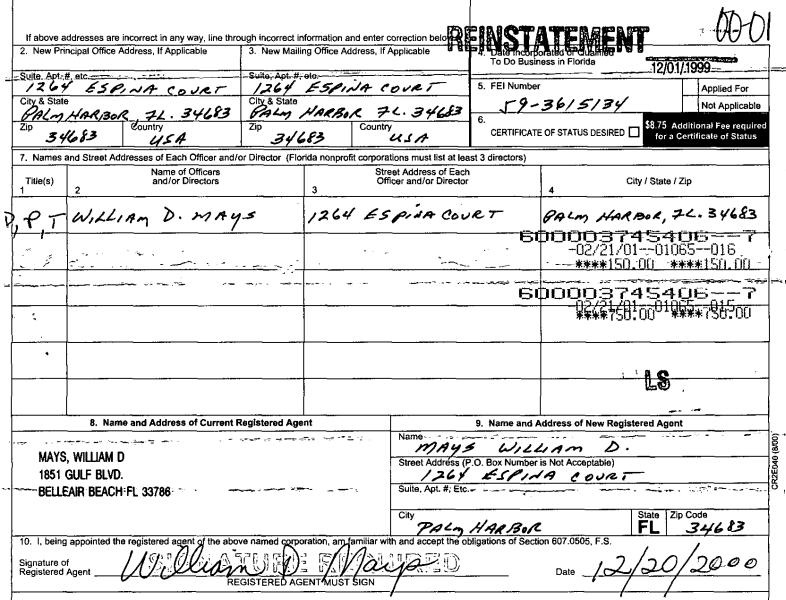
1851 GULF BLVD.

BELLEAIR BEACH FL 33786

FILED

01 FEB -5 PM 12: 44

SECRETARY OF STATE TALEAHASSEE, FLORIDA



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.

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



CORPORATION	DEPARTMENT OF STATE Katherine Harris Secretary of State Sioner corporations	, , ,	FILED	: 29	
DOCUMENT # N 98 0000 1. Corporation Name Mid way House of Fai		T <i>i</i>	SECRETARY OF SI ALLAHASSEE FLO	TATE DRIDA	
2. Principal Office Address 3. Mailing Of 1750 Wood Jawn Re Rd PO Bo Suite, Apt. #, etc. Suite, Apt. #, etc.	× 6216		1.00		
City & State Gulf Bregge 7L Gulf Zip Country Zip 32561 USA 3256	F Breeze 71 Gulf Breeze 71 Country Zip Country		4. Date incorporated or Qualified To Do Business in Florida 5. FEI Number K 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 DOICMAN TORIL City Gulf Breeze State Zip Code FL 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 REGISTERED SENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Flo	orida nonprofit corporations must list at lea				
Titles Name of Officers and/or Directors	Officer and/or Director		City / State / Zip		
P BAMA Jordan (D)	1575 DORMAN	TRAIL (Gulf Breeze	71 32561	
V Dorman Jordan (D)	1575 DORMAN	TIPAIL	Gulf Breez	28 71 32561	
Tres. BRENDA K. NEWCOMBED	1414 Little Duck	. Circle	Gulf Breeze	2 71 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 filling 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

AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone # 2185

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.



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

Brinda Mewcombe