

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 25 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V12400**

1. Corporation Name
MAYFAIR COMMUNICATION SERVICES INC

Principal Place of Business Mailing Address

**4186 NW 65 AVE
CORAL SPRINGS, FL 33067**

REINSTATEMENT 94-96

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 10/20/92	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0362536	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	Andrew Grimwade	4186 NW 65 AVE CORAL SPRINGS, FL 33067	Coral Springs, FL 33067
T/S/D	Marc Friedman	4186 NW 65 AVE	Coral Springs, FL 33067

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Marc Friedman 4186 NW 65 AVE Coral Springs, FL 33067	Name	
	Street Address (P.O. Box Number is Not Acceptable)	300002014513--9
	Suite, Apt. #, Etc.	-11/26/96--01104--041
	City	FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0535, F.S.

Signature of Registered Agent

Marc Friedman

REGISTERED AGENT MUST SIGN

Date **7/3/96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marc Friedman

Date

Daytime Phone

7/3/96 (954) 752-3521

CR-2300 (12/95)