

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC -1 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N96000000926**

1. Corporation Name

THE HACIENDA, INC.

Principal Place of Business

Mailing Address

225 WAYMAN ST.
LONGWOOD FL 32750

237 FERNWOOD BLVD.
FERN PARK FL 32730

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

4. Date Incorporated or Qualified
To Do Business in Florida

02/19/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3380880

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	PURCELL, ANN	828 TUSCARORA TRAIL	MAITLAND FL 32751
D	ACEVEDO, JAY MANUEL	1101 WEST FIRST ST	SANFORD FL 32771
STD	BEAL, KAREN	200 N. CORTEZ AVE.	WINTER SPRINGS FL 32708
D	GONZALEZ, WILLIAM DR.	676 HOLBROOK CIRCLE	LAKE MARY FL 32746
D	GASTI, PAT	3522 GREAT BEARS CT	ORLANDO FL 32810

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PURCELL, ANN 828 TUSCARORA TRAIL 1 MAITLAND FL 32751	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State Zip Code
	FL	

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

Ann Purcell

Date

11/26/99

REGISTERED AGENT MUST SIGN

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:

Ann Purcell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/26/99

Date

831-2411 2241

Daytime Phone #