

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *page 1 of 2*

APPLICATION FOR



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

FILED

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SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P99000111054**

1. Corporation Name

**W.F. HAYES CONTRACTING, INC.**

Principal Place of Business

Mailing Address

~~1528 FOXRIDGE RUN, S.W.  
 WINTER HAVEN FL 33880~~

1528 FOXRIDGE RUN, S.W.  
 WINTER HAVEN FL 33880



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

2. New Principal Office Address, If Applicable <i>1051 8th St NW</i> Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable <i>PO Box 9091</i> Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida <b>12/21/1999</b>	
5. FEI Number <i>59-3638756</i>		Applied For		Not Applicable	
City & State <i>Winter Haven FL</i>		City & State <i>Winter Haven FL</i>		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	
Zip <i>33881</i>	Country	Zip <i>33881</i>	Country		

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	HAYES, WILLIAM F	<del>1528 FOXRIDGE RUN, S.W.</del> <i>1051 8th St NW</i>	WINTER HAVEN FL 33880

600003485636--3  
 -12/05/00--01013--024  
 \*\*\*\*150.00 \*\*\*\*150.00

*WUBR 78*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HAYES, WILLIAM F  
 1528 FOXRIDGE RUN, S.W.  
 WINTER HAVEN FL 33880

Name

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

*1051 8th St NW*  
 Suite, Apt. #, Etc.

City

*Winter Haven*

State

**FL**

Zip Code

*33881*

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 Hayes*  
 REGISTERED AGENT MUST SIGN

Date *10/20/00*

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 Hayes* **William F. Hayes**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *10/20/00* Daytime Phone # *863-899-7885*

CR2E040 (8/00)

W. F. Hayes Contracting, Inc.  
1051 8<sup>th</sup> Street, N.W.  
Winter Haven, FL 33881

October 20, 2000

Division of Corporations  
Annual Report/Reinstatement Section  
P. O. Box 6327  
Tallahassee, FL 32314-6327

Re: W. F. Hayes Contracting, Inc.

To Whom It May Concern:

Please find enclosed my check number 1075 in the amount of \$150.00 for my 1999 Annual Report filing.

I have been in contact with your office and relayed to them that I did not receive notices prior to this one. I was instructed by your office to submit in writing an explanation for the late filing. I have had some problems in receiving mail and filed a police report earlier this year for stolen mail. That is the only explanation I can offer for not receiving prior notices and respectfully request you take this into consideration and waive the penalty associated with the renewal.

Thank you in advance for your assistance.

Sincerely,



W. F. Hayes, President