

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

HAYDEN'S BONDED STORAGE WAREHOUSE, INC

2. Principal Office Address - No P.O. Box #

4750 N.E. 26TH AVE

Suite, Apt. #, etc.

3. Mailing Office Address

4750 N.E. 26TH AVE

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE

City & State

FLORIDA

Zip

33308

Country

Zip

Country

7. Name and Address of Current Registered Agent

Name
ROBERT FAY

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

4750 N.E. 26TH AVE

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33308

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 AGENT MUST SIGN

Date 10/02/2007

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
PRES	ROBERT FAY	4750 N.E. 26TH AVE	FORT LAUDERDALE

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/02/2007

954-771-7113

Daytime Phone #

308 75
4

FILED

07 OCT 23 AM 10: 55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10/23/07--01021--007 **308.75
CR2E081 (1/07)

REINSTATEMENT

1952

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEL Number
59-0698007

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.