

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR 18 PM 2: 04

DOCUMENT # 202540

1. Corporation Name

HAYPIN, INC.

400018586464
05/08/03--01061--005 **900.00

2. Principal Office Address

1403 HWY 98 WEST

Suite, Apt. #, etc.

City & State

PERRY, FL

Zip

Country

32347-4209 TAYLOR

3. Mailing Office Address

2094 CENTRE POINTE BLVD

Suite, Apt. #, etc.

SUITE 100

City & State

TALLAHASSEE, FL

Zip

Country

32308 LEON

4. Date Incorporated or Qualified
To Do Business in Florida

5/1/57

5. FEI Number

59-0953794

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

BART D. WYLLIE

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

1403 HWY 98 WEST

Suite, Apt. #, Etc.

City

PERRY

State

FL

Zip Code

32347

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

Bart D. Wyllie

Date

REGISTERED AGENT MUST SIGN

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
PS	BART D. WYLLIE	1403 HWY 98 WEST	PERRY, FL 32347
SD	PEGGY COX	MAEN STREET	GILBERTON, AL 36919
VO	TOM LAVANDER	718 VICKSBURG DR.	TUSCALOOSA, AL 35406

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 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:

Bart D. Wyllie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/03

Date

850-584-7884

Daytime Phone #

CR2E081 (10/02)