

**APPLICATION
FOR
REINSTATEMENT**



Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATION

1. Corporation Name
WILLOW-HAYNES PUBLISHING COMPANY, INC.

~~Principal Place of Business
20505 EAST COUNTRY CLUB DR.
STE. 2134
MIAMI FL 33180
US~~

Mailing Address
P.O. BOX 431710
MIAMI FL 33243

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip	Country
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3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

09/13/1974

5. FBI Number **59-1551984**

Applied For

No1 Applicable

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)

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
PD	STEINHART, MANUEL	20505 EAST COUNTRY CLUB DR, <i>1422' D "Highpoint WAT"</i>	MIAMI FL 33180 <i>33445</i>
			<i>JH 2-98</i>
			400002391294-- 8 -01/06/98--01075--007 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STEWART, DONNARAE 13350 SW 128TH STREET MIAMI FL 33180	MANUEL Steinhart 1422-D Highpoint Way Delray Beach FL 33445	Name MANUEL Steinhart	Street Address (P.O. Box Number is Not Acceptable) 1422 D Highpoint Way		Suite, Apt. #, Etc. "D" = DAVID
		City Delray Beach	State FL	Zip Code 33445	

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

REGISTERED AGENT MUST SIGN

Date 12/29/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____