

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

09 NOV 10 AM 9:27

DOCUMENT # **# 34936**

1. Corporation Name

HAYWARD & ASSOCIATES, A FLORIDA CORP.

100162701171
11/10/09--01033--004 **300.00

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

4021 STARFISH LANE

Suite, Apt. #, etc.

3. Mailing Office Address

4021 STARFISH LANE

Suite, Apt. #, etc.

1

City & State

TAMPA, FLORIDA

City & State

TAMPA, FLORIDA

Zip

33615

Country

USA

Zip

33615

Country

U.S.A.

CR2E081 (12/08)

08-09

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-247-1917

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

William A. HAYWARD SR.

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

4021 STARFISH LANE

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33615

☒ 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.

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

William A. Hayward Sr.
REGISTERED AGENT MUST SIGN

Date

OCT 21, 2009

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
P/S	William A. HAYWARD SR.	4021 STARFISH LANE	TAMPA, FL 33615
VP	William A. HAYWARD SR.	4015 STARFISH LANE	TAMPA, FL 33615
CHR	William A. HAYWARD SR.	4021 STARFISH LANE	TAMPA, FL 33615

REINSTATEMENT

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:

William A. HAYWARD SR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

OCT 21, 2009

Daytime Phone #

813

496-8881