

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **H95373**

1. Corporation Name

**FUNDS/HAYS GRAPHIC DESIGN, INC.**

Principal Place of Business

Mailing Address

2901 W. BUSCH BLVD  
SUITE 306  
TAMPA FL 33612  
US

10002  
Hampton Pl  
Tampa FL 33618

P O BOX-273775  
TAMPA FL 33688  
US

271330

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/17/1986

5. FEI Number

59-2680894

Applied For

Not 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
W	FUNDS, WILLIAM K.	10002 HAMPTON PLACE	TAMPA FL 33618
L	FUNDS, LAURA L.	10002 HAMPTON PLACE	TAMPA FL 33618

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FUNDS, WILLIAM K.  
10002 HAMPTON PLACE  
TAMPA FL 33618

Funds, Laura Lynne

Name *Laura Lynne Funds*  
Street Address (P.O. Box Number is Not Acceptable)  
*10002 Hampton Place*  
Suite, Apt. #, Etc.

City *Tampa*

State **FL**

Zip Code *33618*

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Laura Lynne Funds*  
REGISTERED AGENT MUST SIGN

Date

*Dec 29, 2003*

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

*Laura Lynne Funds*  
*Laura Lynne Funds*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*12-29-03*  
813  
431-5711  
ext 12  
Daytime Phone #

CR2E040 (7/03)