

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State\*  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 99 JAN 14 PM 2:52

DOCUMENT # **H95839**

1. Corporation Name  
~~HAMES II OF PINELLAS, INC.~~  
**HAMES II OF PINELLAS, Inc**

Principal Place of Business Mailing Address  
**725 Edgewater Dr. Dunedin, FL 34698**  
**725 Edgewater Dr Dunedin, FL 34698**

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		4. Date Incorporated or Qualified To Do Business in Florida 1-27-86	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2670978	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
P/S/T/D	Donna Schlau	8131 Channel Drive Port Richey, FL 34668	Port Richey, FL 34668

000002744860--4  
 -01/15/99-01002-025  
 \*\*\*1270.00 \*\*\*1200.00

8. Name and Address of Current Registered Agent

Donna Schlau  
 8131 Channel Drive  
 Port Richey, FL 34668

9. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc. **000002744860--4**  
 City **FL**

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 *Donna Schlau* REGISTERED AGENT MUST SIGN Date **12/30/98**

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: *Donna Schlau* Donna Schlau President  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date **12/30/98** (727) 733-3510  
 Daytime Phone #

CR2E040 (1989)