

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 15, 2008 8:00 A.M.
Secretary of State

DOCUMENT # **554449**

1. Corporation Name

JAMES B. HAYES, P.A.

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

5301 NORTH FEDERAL HIGHWAY

Suite, Apt. #, etc.

130

City & State

BOCA RATON, FLORIDA

Zip

33487

Country

U.S.A.

3. Mailing Office Address

5301 NORTH FEDERAL HIGHWAY

Suite, Apt. #, etc.

130

City & State

BOCA RATON, FLORIDA

Zip

33487

Country

U.S.A.

REINSTATEMENT 05-08^{KS}
CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

1987

5. FEI Number
59-2784080

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

JAMES B. HAYES, ESQ.

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

5301 NORTH FEDERAL HIGHWAY

Suite, Apt. #, Etc.

SUITE 130

City

BOCA RATON

State

FL

Zip Code

33487

☐ 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

REGISTERED AGENT MUST SIGN

Date **FEBRUARY 14, 2008**

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
PRES	JAMES B. HAYES	5301 NORTH FEDERAL HWY. #130	BOCA RATON, FLORIDA 33487
V. P.	JAMES B. HAYES	5301 NORTH FEDERAL HWY. #130	BOCA RATON, FLORIDA 33487
SECY	JAMES B. HAYES	5301 NORTH FEDERAL HWY. #130	BOCA RATON, FLORIDA 33487
TREAS	JAMES B. HAYES	5301 NORTH FEDERAL HWY. #130	BOCA RATON, FLORIDA 33487

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02/15/08--01025--017 **1200.00

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES B. HAYES

2/14/2008

Date

Daytime Phone #

(561) 392-4300