

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAR 12 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K09672**

1. Corporation Name

Haybush, Inc.

2. Principal Office Address

616 N.W. 22 Street

Suite, Apt. #, etc.

City & State

Wilton Manors, FL

Zip

33311-3738

Country

USA

3. Mailing Office Address

616 N.W. 22 Street

Suite, Apt. #, etc.

City & State

Wilton Manors, FL

Zip

33311-3738

Country

USA

REINSTATEMENT

0001

4. Date Incorporated or Qualified
To Do Business in Florida

12-30-1987

5. FEI Number

65-0021151

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

Thomas L. Hayes

700003851187

2

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

616 N.W. 22 Street

Suite, Apt. #, Etc.

City

Wilton Manors

State

FL

Zip Code

33311-3738

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

Thomas L. Hayes

REGISTERED AGENT MUST SIGN

Date **3-10-01**

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.	Thomas L. Hayes	616 N.W. 22 Street	Wilton Manors, FL 33311-3738
Secy/Treas.	Jeffery J. St. Julien	616 N.W. 22 Street	Wilton Manors, FL 33311-3738

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 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:

Thomas L. Hayes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-2001

Date

(954) 566-5600

Daytime Phone #

CR2E081 (9/00)