

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # K86892

1. Corporation Name

HATLEY AND THOMPSON, INCORPORATED

Principal Place of Business

Mailing Address

3515 WASHINGTON ROAD
WEST PALM BEACH FL 33405
US

3515 WASHINGTON ROAD
WEST PALM BEACH FL 33405
US

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

05/10/1989

5. FEI Number

65-0122754

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	HATLEY, JOHN LESLIE	3515 WASHINGTON ROAD	WEST PALM BEACH FL 33405
DST	THOMPSON, CAROLYN E.	3515 WASHINGTON ROAD	WEST PALM BEACH FL 33405
			700003463517--0 -11/15/00--01005--021 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HATLEY, JOHN LESLIE
3515 WASHINGTON ROAD
WEST PALM BEACH FL 33405

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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

John L. Hatley

REGISTERED AGENT MUST SIGN

Date 10-29-2000

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carolyn E. Thompson

CAROLYN E. THOMPSON

Date

Daytime Phone #

OCT 24, 2000 366-9640

KE

(501)



REINSTATEMENT

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FILED

00 OCT 26 AM 10:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E040 (8/00)