

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 24 PM 2:01

DOCUMENT #

L07580

1. Corporation Name

BOBBY HAYES CONSTRUCTION CO. INC.

2. Principal Office Address

4525 S.W. 83 AVE

Suite, Apt. #, etc.

City & State

MIAMI FL.

Zip

33155

Country

DADE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SAME

Zip

33155

Country

DADE

REINSTATEMENT 97-00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0139266

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

ROBERT H. HAYES

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

4525 SW. 83 AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33155

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

Robert H. Hayes

Date

10/18/00

REGISTERED AGENT MUST SIGN

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	ROBERT H. HAYES	4525 SW. 83 AVE	MIAMI, FL. 33155
SEC.	MARILYN H. ROYMOLO	4525 SW. 83 AVE	MIAMI, FL 33155

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:

Robert H. Hayes

ROBERT H. HAYES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/18/00

Daytime Phone #

305-227-9861

CR2E081 (9/99)