

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 10 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L17621**

1. Corporation Name
WILLIAM A HAYWARD & ASSOCIATES, INC.

REINSTATEMENT 03-04
200028413342
02/09/04--01052--011 **\$61.25 WDP

2. Principal Office Address 6107 MEMORIAL HWY.		3. Mailing Office Address 6107 MEMORIAL HWY	
Suite, Apt. #, etc. SUITE G		Suite, Apt. #, etc. SUITE G	
City & State TAMPA, FLORIDA		City & State TAMPA, FLORIDA	
Zip 33615	Country USA	Zip 33615	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 1989?	
5. FEI Number 59-2974256 171712	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent:

Name
WILLIAM A HAYWARD, JR RA

Street Address (P.O. Box Number is Not Acceptable)
4015 STARFISH LANE

Suite, Apt. #, Etc.

City
TAMPA

State
FL

Zip Code
33615

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 **William A Hayward Jr**
REGISTERED AGENT MUST SIGN

Date **February 03, 2004**

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.	WILLIAM A HAYWARD, JR.	4015 STARFISH LANE	TAMPA, FLORIDA 33615
V.P.	WILLIAM A. HAYWARD, SR.	4021 " "	TAMPA, FLORIDA 33615
TRES.	DONEYN E.	4021 STARFISH LANE	TAMPA, FLORIDA 33615
SEC.	WILLIAM A HAYWARD, JR.	4015 STARFISH LANE	TAMPA, FLORIDA 33615

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:

William A Hayward Jr
WILLIAM A HAYWARD, JR.

FEB. 3, 2004

Date

Daytime Phone #

(813) 167-9613

CR2E081 (01/04)