

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L87887

1. Corporation Name

KEITH HAYMES & ASSOCIATES, P.A.

Principal Place of Business

2950 SW 27TH AVE
SUITE 300
MIAMI FL 33133
US

Mailing Address

P.O. BOX 402066
MIAMI BEACH FL 33140-0066
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

07/11/1990

5. FEI Number

65-0215150

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	HAYMES, KEITH	7202 MONACO ST	CORAL GABLES FL

300002908263--0
-06/17/99--01102--018
****308.75 ****908.75

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HAYMES, KEITH
7202 MONACO ST.
CORAL GABLES FL 33143

Name

KEITH HAYMES

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

2950 SW 27th AVENUE

Suite, Apt. #, Etc.

SUITE 300

City

MIAMI

State

FL

Zip Code

33133

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 06/04/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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

[Signature]

06/04/99 305 379-7900

Date Daytime Phone #

CR2E040 (9/96)