

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 # M83928

1. Corporation Name

HAYES & FORD ENTERPRISES, INC.

Principal Place of Business

% ROGER A. HAYES
2663 WEST HIGHWAY 50
OCOE FL 34761

Mailing Address

% ROGER A. HAYES
2663 WEST HIGHWAY 50
OCOE FL 34761

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/06/1999

5. FEI Number

59-2893564

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 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) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip |
|----------|--------------------------------------|---|--------------------|
| DVS | HAYES, ROGER A. | 5130 WOODRIDGE | ORLANDO FL |
| DP | HAYES, DEBORAH A. | 5130 WOODRIDGE | ORLANDO FL |
| | | | |
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| | | | |
| | | | |
| | | | |

800002038958--3
-12/21/96--01036--014
****375.00 ****375.00

8. Name and Address of Current Registered Agent

HAYES, ROGER A.
2663 WEST HIGHWAY 50
OCOE FL 32761

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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

Roger Hayes

REGISTERED AGENT MUST SIGN

Date 12-10-96

Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Roger Hayes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROGER HAYES

Date

12-10-96

Daytime Phone #

407-292-6432

0104749

FP

FILED

96 DEC 23 AM 7:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 1996 MWB