

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 MAR -8 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05000003868

1. Corporation Name

HYACINTH & YVONNE HAYMER HEALTH
EDUCATION CENTER, INC.

2. Principal Office Address - No P.O. Box #

5394 SW 186th WAY

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

City & State

Zip

33029

Country

US

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/11/2005

5. FEI Number

20-8542963

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

JOY AGNESS

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

5394 SW 186th WAY

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33029

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Joy Agness

REGISTERED AGENT MUST SIGN

Date 3-1-07

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
FOUNDER (D)	JOY AGNESS	5394 SW 186 th WAY	MIRAMAR, FL 33029
PRESIDENT (D)	JOHNNY GASPARD, ESQ.	15025 NW 77 th AVE, SDB. 116	MIAMI LAKES, FL 33014
SECT. (D)	LUCENCE ROBINSON	7455 NW 44 th ST. #1003	LAND OAKS, FL 33319

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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 contained in Chapter 119, 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:

Joy Agness

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-1-07

Daytime Phone #