

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  
02 FEB 15 PM 1:24

DOCUMENT # P00000017945

1. Corporation Name

James Hainhart Jr. Inc.

500004961495--6  
-02/20/02--01060--010  
\*\*\*\*308.75 \*\*\*\*308.75

2. Principal Office Address

8810 Ashman Rd

Suite, Apt. #, etc.

3. Mailing Office Address

8810 Ashman Rd

Suite, Apt. #, etc.

City & State

Riverview Fl

City & State

Riverview Fl

Zip

33569

Country

USA

Zip

33569

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

Feb. 16 2000

5. FEI Number

59-3623886

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

James Hainhart JR.

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

8810 Ashman Rd

Suite, Apt. #, Etc.

City

Riverview

State

FL

Zip Code

33569

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

*James Hainhart JR*

Date

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
P	James Hainhart JR	8810 Ashman Rd, Riverview Fl	Riverview, FL 33569

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: *James Hainhart JR*

James Hainhart JR 2/11/02

813 622-8112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

Divisions of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

James Lainhart Jr, Inc.  
8810 Ashman Rd.  
Riverview, FL 33569


Dear Sir/Madam,

I did not receive any notices of the uniform Business Report for the corporation for the year 2001 and just recently discovered that the corporation was dissolved, when attempting to renew the occupational license.

I have relocated the business since the inception of the corporation so the wrong address may be on file. In any event I received no notices nor knew that this report was due.

Since this is an innocent error, please accept the enclosed \$300.00 check for the Uniform Business Reports for the years 2001 and 2002. Thank you for your consideration.

Sincerely,



P.S. Have enclosed the check  
in the amt of \$308.75 so  
I may have a certificate  
of coverage if accepted.