	PLEASE READ	ALL INST	RUCTIONS	BEFORE (	COMPLET	ING THIS FORM.	
BEI	PEICATION FOR WITATEMENT	both	SECRETARY OF STATE TALLAHASSEE, FLORIDA		,		
DOCUMENT # P0000088411  1. Corporation Name					01 OCT 22 PM 3: 17		
	HAGY ENTERPRISES, II	NC.	ay day and the Appen			To the state of th	نبند
Principal Place of Business Mailing Address					-		
4216 SE 19 CAPE COR/	9TH PLACE IAL FL 33904	4216 SE 19TH PLACE CAPE CORAL FL 33904					
	addresses are incorrect in any way, line the		formation and enter o		4 Pate Incorr	porated or Qualified	7
Suite, Apt.						iness in Florida 09/18/2000	
		City & State	Suite, Apt. #, etc.			5. FEI Number Applied For	
City & State					6. S8 75 Additional For equipod		
Zip	Country	Zip	Country	у	CERTIFICATI	S8.75 Additional Fee required for a Certificate of Status	
7. Names	s and Street Addresses of Each Officer and	d/or Director (Flori	r			1	-
Title(s)	Name of Officers and/or Directors			reet Address of Each ificer and/or Director		City / State / Zip	
D	HAGY, EARL		4216 SE 19TH PLACE		. <u>.</u>	CAPE CORAL FL 33904	-
					20	000046726129 -11/08/0101046028	
						****158.75 ****158.75	
						SP	
	8. Name and Address of Curren	rt Registered Ager	nt	T	9. Name and	Address of New Registered Agent	
				Name			3/01)
HAGY, EARL 4216 SE 19TH PLACE				Street Address (P.O. Box Number is Not Acceptable)			CR2E040 (8/01)
CAPE CORAL FL 33904							
	and the second s		-			** * .	1

11. 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 filling 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.

City

SIGNATURE: JULY OF JEAR LE HAGE SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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.

10-16-01 (941)542.7973

Date Daytime Phone #

Date 10-16-01 "

EARL HASY 9216 SE 1920 OL CARR CORDL, PL33901 DEDT OF STATE DIVISION OF CORP. Den sies: I'M WRITING TO INFORM YOU THAT I'D LIKE TO CONTINUE IN THE STATUS OF CORP. I DON'T KNOW IF THE MOTICES AT LOST IN MAIL OR Periups mis reliveral. So I'm inclosing 158,75 Fox Fres + Cent of STATUS. THANK YOU
FIL HOSY