PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State DIVISION OF CORPORATIONS

P01000006687 DOCUMENT

1. Corporation Name

HAYNES LANDSCAPING, INC.

Principal Place of Business

Mailing Address

8716 SE ALABAMA PLACE HOBE SOUND FL 33455

8716 SE ALABAMA PLACE HOBE SOUND FL 33455

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.

REINSTATEMENT 07

FILED

03 DEC 24 AM 9: 06

SECREMEN OF STATE TALLAHASSEE FLORIDA

100025755941

12/24/03--01040--007 **750.00 4. Date Incorporated or Qualified

To Do Business in Florida	01/12/2001			
5. FEI Number	Applied For			
65-1068591	Not Applicable			

City & State			City & State				02-1000291	Not Applicable	
Zip	p Country Zip		Country		6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status				
7. Names	and Street Ad	dresses of Each Offic	er and/or Director (Fl	orida nonprofit	corporations must list at le	east 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director		City / State / Zip			
DPD	HAYNES, E. LYNN 8716			8716 SE A	716 SE ALABAMA PLACE		HOBE SOUND FL 33455		
ST	HAYNES, JENNIE		8716 SE ALABAMA PLACE		HOBE SOUND FL 33455				
					- 1106				
			 .						
	<u> </u>				-			<u></u>	
	0. No.								
8. Name and Address of Current Registered Agent				Name	Name and Address of New Registered Agent Name				
HAYNES, E LYNN E 8716 SE ALABAMA , PIKE PLACE				Hamo					
				Street Address	Street Address (P.O. Box Number is Not Acceptable)				
HOBE SOUND FL 33455				Suite, Apt. #, Et	Suite, Apt. #, Etc.				
					City	ty 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. or 617.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

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 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 con this application is true and accurate, and my signature shall have the same legal effect as if made under oath. ATTE W

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR