

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 27 PM 2:58

DOCUMENT # P0100006697

1. Corporation Name

J. Haydon & Associates

2. Principal Office Address

7029 melvin Rd

Suite, Apt. #, etc.

3. Mailing Office Address

7029 melvin Rd.

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32210

Country

USA

City & State

Jacksonville, Florida

Zip

32210

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/10/01

5. FEI Number

59-2966046

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-05

7. Name and Address of Current Registered Agent

Name

Pamela F. Weirs

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

7029 melvin Road

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32210

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

Pamela F. Weirs

Date 1/21/05

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
D	Jeff Haydon	7029 melvin Rd	Jacksonville, FL 32210
D	Pamela F. Weirs	7029 Melvin Rd	Jacksonville, FL 32210

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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 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:

Pamela F. Weirs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/05 (904) 509-4162

Date

Daytime Phone #

CR2E081 (01/05)