

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000017015

1. Corporation Name

G. HAIR TRUCKING, INC.

Principal Place of Business

POST OFFICE BOX 909
DURANT FL 33530

Mailing Address

POST OFFICE BOX 909
DURANT FL 33530

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

2713 E. LINEBAUGH AVE.

Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

2713 E. LINEBAUGH AVE.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33612

Country

HILLSBOROUGH

Zip

33612

Country

HILLSBOROUGH

4. Date Incorporated or Qualified
To Do Business in Florida

02/14/2001

5. FEI Number

59-3747020

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	HAIR, CHERYL	POST OFFICE BOX 909 2713 E. LINEBAUGH AVE.	DURANT FL 33530 TAMPA, FL 33612

000009862810

01706703--01036--006 **150.00

8. Name and Address of Current Registered Agent

NELSON, SCOTT F

200 SOUTH HOOVER BOULEVARD

BUILDING 201 - SUITE 140

TAMPA FL 33609

9. Name and Address of New Registered Agent

Name

CHERYL HAIR

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

2713 E. LINEBAUGH AVE.

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33612

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

Date

12-31-02

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-31-02 81368333

000002

js 1/2

Cheryl Hair, President
C. Hair Trucking, Inc.
2713 E. Linebaugh Avenue
Tampa, FL 33612

Document #P01000017015

December 23, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Enclosed *Application for Reinstatement*

This letter is written in response to the enclosed *Application for Reinstatement*. I request that the Department of State consider reinstating Bay Area Results, Inc. and waiving the reinstatement fee based on the following:

- I previously have never received any notices to file.
- I was not aware of the annual report requirement as I have only been incorporated since February 14, 2001 and have never had to file such a report in the past.

I pray that the state will allow me to continue as C. Hair Trucking, Inc. due to the fact that my failure to file a report *was not intentional*. I have included a check for \$150 to pay my annual fees.

Sincerely,



Cheryl Hair