


2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 19 PH 2:33

DOCUMENT # P01000077628 1. Entity Name MAGGIE HAYNES, P.A.	
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Principal Place of Business 251 N OCEAN FOREST DR ATLANTIC BEACH, FL 32233	Mailing Address 251 N OCEAN FOREST DR ATLANTIC BEACH, FL 32233
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REINSTATEMENT 05



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

10112005 REIN-P CR2E098 (6/04)

4. FEI Number 59-3741342	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BOENDER, MARGARET H
251 N OCEAN FOREST DR
ATLANTIC BEACH, FL 32233**

7. Name and Address of New Registered Agent

Name **Haynes, Margaret**

Street Address (P.O. Box Number is Not Acceptable)
251 N OCEAN FOREST DR

City **ATLANTIC BEACH** FL Zip Code **32233**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Margaret Haynes DATE: 10/13/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOENDER, MARGARET H <input type="checkbox"/> Delete 251 N OCEAN FOREST DR ATLANTIC BEACH, FL 32233	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Haynes, Margaret <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 251 N OCEAN FOREST DR ATLANTIC BEACH, FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200060773232 10/19/05--01050--001 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Margaret Haynes DATE: 10/13/05 DAYTIME PHONE: 904-2429433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #