

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

page 1 of 2

APPLICATION FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 29 PM 1:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000083256

1. Corporation Name

HAILE VILLAGE MARKETPLACE, INC.

Principal Place of Business

5212 SW 91 TERRACE, SUITE A-1  
GAINESVILLE FL 32608

Mailing Address

5212 SW 91 TERRACE, SUITE A-1  
GAINESVILLE FL 32608



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

4. Date Incorporated or Qualified  
To Do Business in Florida

08/20/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3738897

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	JONES, PAMELA	5212 SW 91 TERRACE, SUITE A-1	GAINESVILLE FL 32608

000008673580  
10/29/02--01130--001 \*\*150.00

OR UBR. 18

8. Name and Address of Current Registered Agent

KRUEGER, SCOTT D  
2750 NW 43 ST, STE 201  
GAINESVILLE FL 32606

9. Name and Address of New Registered Agent

Name: Pamela A. Jones  
 Street Address (P.O. Box Number is Not Acceptable): 4950 SW 91st Drive  
 Suite, Apt. #, Etc.: Gainesville  
 City: Gainesville State: FL Zip Code: 32608

CR2E040 (8/02)

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

*Pamela A. Jones*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10-25-02

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:

*Pamela A. Jones, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-25-02 (352)3800111  
Date Daytime Phone #

Page 2 of 2

October 25, 2002

To whom it may concern;

I received a notice on 10/25/02 from the Division of Corporations stating that my corporation was being dissolved because I had not responded to two prior requests for information. This is the first I have ever heard that I am required to file for my corporation yearly. As this is my first full year in business I am still learning what is expected of me, but I have never received any other correspondence prior to the one received today. I am following the instructions under "important facts" as I was instructed to do when I called your office. ~~I hope that this will satisfy my obligations. I~~ can be reached at (352) 337-0580 or (352) 380-0111 if you have any questions. Thank you so much for your help.

Sincerely,

*Pamela Jones, President*

Pamela Jones, President  
Haile Village Marketplace, Inc.