

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUN -1 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000084278

1. Corporation Name

Lorenzo Hayward Insurance Agency, Inc.
6430 W. Colonial Dr.
Orlando, FL 32818

2. Principal Office Address

805 S. Kirkman Rd

Suite, Apt. #, etc.

Suite 203

City & State

Orlando, FL

Zip

32811

Country

USA

3. Mailing Office Address

805 S. Kirkman Rd

Suite, Apt. #, etc.

Suite 203

City & State

Orlando, FL

Zip

32811

Country

USA

REINSTATEMENT 02-06
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

8/24/2001

5. FEI Number

59-3739385

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Lorenzo Hayward

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

805 S. Kirkman Rd

Suite, Apt. #, Etc.

Suite 203

City

Orlando, FL 32811

State

FL

Zip Code

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

5/25/06

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	Lorenzo Hayward	8617 Honolulu Dr. Orlando, FL 32818	Orlando, FL 32818
	<i>[Signature]</i>		

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 contained in Chapter 119, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/25/06

Daytime Phone #


5/25/2006


FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

TO WHOM IT MAY CONCERN,

This letter is to inform you that LORENZO HAYWARD INSURANCE AGENCY, INC. has relocated. LORENZO HAYWARD INSURANCE AGENCY, INC. the named Corporation did not receive the notice to send \$150 for Annual Corporate Reports. Due to these circumstances we are asking that you abate the reinstatement fees. The payment of \$750.00 is enclosed for the said years 2002,2003,2004,2005,2006. If there are any questions you can contact me at (407)297-3700. Document #P01000084278. Your consideration concerning this matter is greatly appreciated.

Cordially yours,

X 
Barbara J. Adams, Accountant

X 
Lorenzo Hayward, President