

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000116971**

1. Corporation Name

JEFF HAY, INC.

Principal Place of Business

Mailing Address

~~1179 BALTIC LANE~~
~~WINTER SPRINGS FL 32708~~

~~1179 BALTIC LANE~~
~~WINTER SPRINGS FL 32708~~

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

Suite, Apt. #, etc.

937 Saza Run

Suite, Apt. #, etc.

937 Saza Run

City & State

Casselberry, FL

City & State

Casselberry, FL

Zip

32707

Country

USA

Zip

32707

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/10/2001

5. FEI Number

75-3008701

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	HAY, JEFF	1179 BALTIC LANE 937 Saza Run	WINTER SPRINGS FL 32708 Casselberry, FL 32707
S	Hay, Jeff	937 Saza Run	Casselberry, FL 32707

REINSTATEMENT 03-75-000024189254
10/28/03--01016--012 **150.00

8. Name and Address of Current Registered Agent

HAY, JEFF
1179 BALTIC LANE
WINTER SPRINGS FL 32708

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/25/03

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] **Jeff Hay**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/25/03

Daytime Phone #

(407) 443-9932

CR2E040 (7/03)