PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 JUN 18 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000121001

1. Corporation Name: Haines Carpentry and Remodeling, Inc

REINSTATEMENT

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
Suite, Apt. #, etc.: 4751 Travini circle # 118	Suite, Apt. #, etc.: 4751 travini cirde #118
City & State: Sarasota FL	City & State: Sarasota FL
Zip: 34235 Country: Sarasota	Zip: 34235 Country: Sarasota

4. Date Incorporated or Qualified To Do Business in Florida: Dec 18 2001

5. FEI Number: 01-0553981 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Michael F. Haines
Street Address (P.O. Box Number is Not Acceptable): 4751 Travini Circle
Suite, Apt. #, Etc.: # 118
City: Sarasota State: FL Zip Code: 34235

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Michael F Haines Date: 6/4/07
REGISTERED AGENT MUST SIGN

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
Pres Tres	Michael F. Haines	4751 Travini Circle #118	Sarasota FL 34235
vice Pres Sec	Deborah M. Haines	4751 Travini circle #118	Sarasota FL 34235
			500104517275 06/18/07--01051--009 **600.00

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: Michael F Haines 6/4/07 941 - 374 - 1211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Michael JUN 18 2007

Haines Carpentry and Remodeling

4751 Travini Circle # 118
Sarasota, FL 34235

Dear, Madam or Sir

I am writing this letter to request reinstatement of my corporation. It was administratively dissolved on 10/04/04. I was never notified of this action and am requesting that the reinstatement fees be waived. The document # is P01000121001 Please note that I have recently relocated and I am also requesting a change of address Be executed. I would like to thank you in advance for your help in this matter.

Sincerely

Michael F. Haines
President

Daytime phone number
941-374-1211

Sorry about the wrong amount on the Check. In Speaking with a Rep. on 6/10/07 I was Informed that if I Supplied you with the Doc. # For my Fictitious Name that you could change this address also. Sorry about the Slip up, I should of caught that when I sent the Original Request

Thanks

That Dock # is

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