## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. and the

CORPORATION
REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE

REINSTATEMENT	Secretary of State DIVISION OF CORPORATIONS	SECRETARY OF STATE			
DOCUMENT # P01000/2 1. Corporation Name HAYES CONTRACT			TALLAHASSEE FLORIDA		
2. Principal Office Address  2 405 N Hwy 441  Suite, Apt. #, etc.  Suite	Mailing Office Address  703 Hall Street  uite, Apt. #, etc.  ty & State  Fruit-land-lark; Fl-	4. Date Incorporated or To Do Business in F  5. FEI Number  6. CERTIFICATE OF STAT	7-000 7 - 20-15-20	d For oplicable e required	
Street Address (P.O. Box Number is Not Ac 703 Hall Stree Suite, Apt. #, Etc.  City Fruitland Park	<del></del>	12/02/03 State	Zip Code	0 .	
8. I, being appointed the registered agent of the above no Signature of Registered Agent		obligations of section 607.05	3473/ 605 or 617.0503, F.S. _//-24-03	CR2E081 (10/02)	
9. Names and Street Addresses of Each Officer and/or D	lirector (Florida nonprofit corporations must list at I	east 3 directors)			
Titles Name of Officers and/or Directors					
Pres Daniel E. Hayes	703 Hull Str	eet Fr	vitland Port Fl.	34731	
Secret Deborah J. Haye	5 703 Hall St.	reet Fruit	Hand Part F1, 347	3/	
10. I certify that I am an officer or director or the receiver of this reinstatement application, the reason for dissolution owed by the corporation have been paid and the name on this application is true and appurate, and my signate.	on has been eliminated, the corporate name satisfie as of individuals listed on this form do not qualify for	s the requirements of section an exemption under section	n 607.0401 or 617.0401, F.S., that all !	fees	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DELE DE