

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 # **P02000017089**

1. Corporation Name

HATTERAS PROPERTIES, INC.

Principal Place of Business

Mailing Address

3511 NE 22ND AVE
FT LAUDERDALE FL 33308

3511 NE 22ND AVE
FT LAUDERDALE FL 33308

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/11/2002

5. FEI Number

01-0661335

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	WATT, JOHN S	3511 NE 22ND AVE	FT LAUDERDALE FL 33308
D	RUDD, JAMES D	3511 NE 22ND AVE	FT LAUDERDALE FL 33308

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RUDD, JAMES D
3511 NE 22ND AVE
FT LAUDERDALE FL 33308

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

Date

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN S. WATT

Date

Daytime Phone #

10/8/03 9545617070

FILED

03 OCT 13 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

03

CR2E040 (7/03)

Hatteras Properties, Inc.
3511 NE 22nd Avenue
Fort Lauderdale, FL 33308
(954) 561-7065

October 9, 2003

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, Florida 32314-6327

RE: HATTERAS PROPERTIES, INC.
FEI NUMBER 01-0661335

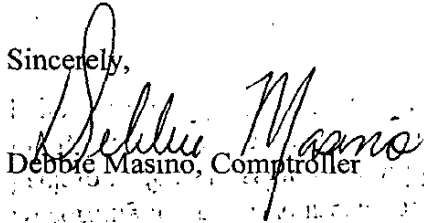
To Whom It May Concern:

Enclosed please find the completed and signed second notice report you requested. According to one of your customer service representatives the original return was sent back to us for a missing federal identification number. However, it must be lost in the mail, because we never received back. You are presently in receipt of our original payment for \$550.00 that was send along with the original return.

Would you kindly apply our payment accordingly and waive all reinstatement fees on this account.

Thank you for your cooperation in this matter.

Sincerely,


Debbie Masino, Comptroller