

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

FILED

03 OCT 22 AM 11:34

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

APPLICATION  
 FOR  
 REINSTATEMENT

DOCUMENT # **P02000026438**

1. Corporation Name

**HAOLE ENTERPRISES, INC.**

Principal Place of Business

182 CLUB VILLAS LANE  
 KISSIMMEE FL 34744

Mailing Address

182 CLUB VILLAS LANE  
 KISSIMMEE FL 34744



REINSTATEMENT 01

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/04/2002	
City & State		City & State		5. FEI Number	
Zip		Country		04-3623476	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PSVT	FARLEY, MICHAEL E	182 CLUB VILLAS LANE	KISSIMMEE FL 34744
D	FARLEY, MICHAEL E	182 CLUB VILLAS LANE	KISSIMMEE FL 34744

10/22/03--01064--007 \*\*150.00

8. Name and Address of Current Registered Agent

FARLEY, MICHAEL E  
 182 CLUB VILLAS LANE  
 KISSIMMEE FL 34744

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State <b>FL</b> 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 Michael E. Farley Date 10-17-03  
 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: Michael E. Farley Date 10-17-03 Daytime Phone # 407-810-6799  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/03)

Haole Enterprises, Inc.  
182 Club Villas Lane  
Kissimmee, FL 34744  
407-348-7004

October 17, 2003

To Whom It May Concern:

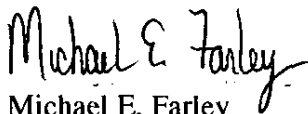
I am writing to request that Haole Enterprises, Inc. be reinstated as a corporation in Florida.

I did not receive any of the prior notices concerning the annual report/uniform business report forms.

I am enclosing the application for reinstatement and a check for the 150.00 UBR filing fee.

Thank you for your time on this matter. If there is any additional information needed please let me know.

Sincerely,



Michael E. Farley  
President