PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

ني Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000067137

1. Corporation Name HAYES, INC.

Principal Place of Business

Mailing Address

9468 SUN ISLE DR NE

9468 SUN ISLE DR NE

FILED

03 OCT 20 AM 9:11

SECRETARY OF STATE TALLAHASSEF FLORIDA

Daytime Phone #

ST PETERSBI	URG FL 33702	ST PETERSBURG FL 33702				REINSTATEMENT 23				
If above ad	dresses are incorrect in any way, line t	nroùgh incorrect ir	nformation ar	nd enter correction below	w. E	12-50	IRON BROKE	BABBDO A		
	cipal Office Address, If Applicable		3. New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 06/18/2002				
Suite, Apt. #,	, etc.	Suite, Apt. #, etc. City & State						00/10/2		
0: 0.0:					5.º FE	5. FEI Number Applied For				
City & State		City & State						Not Applicable		
Zìp	Country	Zip		Country	——— 6. CEF	RTIFICATE	OF STATUS DESIRED		ditional Fee required ertificate of Status	
7. Names ar	nd Street Addresses of Each Officer an	d/or Director (Flo	rida nonprofi	t corporations must list a	at least 3 dire	ctors)				
Title(s) Name of Officers and/or Directors			Street Address of Officer and/or Dir			City / State / Zip		ip		
D	HAYES, NANCY M	ES, NANCY M		9468 SUN ISLE DR NE			ST PETERSBURG FL 33702			
	8. Name and Address of Curren	t Registered Age	ent				1002395 20301057		50.00	
				-Name						
HAYES, NANCY M 9468 SUN ISLE DR NE ST PETERSBURG FL 33702										
10. I, being a	appointed the registered agent of the ab	ove named corpo	oration, am fa	amiliar with and accept th	ne obligations	s of Section	on 607.0505, F.S. or 6	FL 617.0505, F.S.		
Signature of Registered A	·gent	TURE REGISTERED AG		QUIRED SIGN	9	_	Date			

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.



P. J. TESTA - ACCOUNTANT

P. O. BOX 4562 TAMPA, FLORIDA 33677

OCTOBER 15TH 2003

FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS
P. O. BOX 6327
TALLAHASSEE, FLOIRDA 32314

RE: HAYES, INC.

DEAR SIR:

AFTER SPEAKING TO YOUR REPRESENTATIVE THI SMORNING I WAS INSTRUCTED TO INFORM YOU THAT THE TAXPAYER LISTED ABOVE DID NOT RECEIVE THE ORIGINAL DOCUMENT FOR FILING HER ANNUAL REPORT WHEN IT WAS MAILED ORIGINALLY. WE WERE INSTRUCTED TO SEND THIS LETTER WITH THE ATTACHED FORM ALONG WITH A CHECK IN THE AMOUNT OF \$150.00 FOR THE CORPORATION IN QUESTION.

IF FURTHER INFORMATION IS NEEDED OR REQUIRED PLEASE FEEL FREE TO CONTACT THE WRITER OR THE TAXPAYER AT YOUR CONVENIENCE.

SINCERELY

1.5. ILUIA

ACCOUNTANT

Phone: 813-877-9615

Fax: 813-877-3257

PJ4014ROSIE@AOL.COM

1-800-293-7085