

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 DEC 24 AM 8:44

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P02000081713

1. Corporation Name

KEVIN HAYES, INC.

Principal Place of Business

27 CINCINNATI AVE  
ST AUGUSTINE FL 32084

Mailing Address

27 CINCINNATI AVE  
ST AUGUSTINE FL 32084

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

157 E 8TH ST #115

Suite, Apt. #, etc.

#115

City & State

JACKSONVILLE

FL

Zip

32206

Country

USA

3. New Mailing Office Address, If Applicable

157 E 8TH ST

Suite, Apt. #, etc.

#115

City & State

JACKSONVILLE

FL

Zip

32206

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

07/26/2002

5. FEI Number

11 3099916

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPST	HAYES, KEVIN	27 CINCINNATI AVE	ST AUGUSTINE FL 32084

900025755219  
12/24/03--01037--011 \*\*150.00

8. Name and Address of Current Registered Agent

STUTSMAN & THAMES, P.A.  
121 W FORSYTH ST, STE 600  
JACKSONVILLE FL 32202

9. Name and Address of New Registered Agent

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

*Kevin Hayes*  
REGISTERED AGENT MUST SIGN

Date

10/10/03

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:

*Kevin Hayes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/10/03

Daytime Phone #

504-377-4050

**Kevin Hayes Inc.**

27 Cincinnati Ave  
St. Augustine Fl.  
32206

December 19, 2003


Florida Department of State  
Division of Corporations P.O. Box 6327  
Tallahassee, Fl. 32314

Dear Sir or Madam:

This letter is being sent to inform your office that Kevin Hayes Inc. did not receive any notices prior to this revocation notice that it had not filed it's annual report. I have enclosed my fee of \$150 to file.

Thank you.

Sincerely,

  
Kevin Hayes  
Partner