


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000045913		
1. Entity Name Y HAYES ENTERPRISES, INC.		

FILED

04 NOV -9 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2500 21ST ST. NW. #83 WINTER HAVEN, FL 33881	Mailing Address 2500 21ST ST. NW. #83 WINTER HAVEN, FL 33881
----------------------------------------------------------------------------------------	----------------------------------------------------------------------------

2. Principal Place of Business 232 Spirit Lake Rd W Suite, Apt. #, etc.	3. Mailing Address 232 Spirit Lake Rd W Suite, Apt. #, etc.
--------------------------------------------------------------------------------------	--------------------------------------------------------------------------



10282004 REIN-P CR2E098 (6/04)

City & State Winter Haven FL	City & State Winter Haven FL
Zip 33880	Country Polk

4. FEI Number 010782990	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
-----------------------------------	--------------------------------------------------------------------------------------------

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
-------------------------------------------------	---------------------------------------------

**HAYES, JEFFREY C
2500 21ST ST. NW. #83
WINTER HAVEN, FL 33881**

Name Jeffery C Hayes
Street Address (P.O. Box Number is Not Acceptable) 1492 N Lake Shipp Dr SW
City Winter Haven
FL Zip Code 33880

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Jeffery C Hayes <small>Signature, typed or printed name of registered agent and title if applicable.</small>	10/29/04 <small>DATE</small>
-------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE D/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HAYES, JEFFREY D		NAME Jeffery C Hayes	
STREET ADDRESS 2500 21ST ST. NW. #83		STREET ADDRESS 1492 N Lake Shipp Dr SW	
CITY-ST-ZIP WINTER HAVEN, FL 33881		CITY-ST-ZIP Winter Haven FL 33880	
TITLE 	<input type="checkbox"/> Delete	TITLE Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME 		NAME Yvonne B. Hayes	
STREET ADDRESS 		STREET ADDRESS 1492 N Lake Shipp Dr SW	
CITY-ST-ZIP 		CITY-ST-ZIP Winter Haven, FL 33880	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jeffery C Hayes <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	10/29/04 <small>Date</small>	297-8014 <small>Daytime Phone #</small>
---------------------------------------------------------------------------------------------------------------------------	----------------------------------------	---------------------------------------------------