

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2008 JUL 16 AM 8:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900133018189  
07/16/08--01032--011 \*\*458.50

DOCUMENT # 704000045024

1. Corporation Name

C & F Hyatt Construction Inc.

2. Principal Office Address - No P.O. Box #

5645 Breckenridge Cr.

Suite, Apt. #, etc.

N.A.

City & State

Orlando, Florida

Zip

32818

Country

USA

3. Mailing Office Address

5645 Breckenridge Cr.

Suite, Apt. #, etc.

N.A.

City & State

Orlando, Florida

Zip

32818

Country

USA

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

3/11/04

5. FEI Number

200898471

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Carey A. Hyatt

Street Address (P.O. Box Number is Not Acceptable)

5645 Breckenridge Circle

Suite, Apt. #, Etc.

N.A.

City

Orlando

State

FL

Zip Code

32818

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Carey A. Hyatt

REGISTERED AGENT MUST SIGN

Date

7/14/08

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| Pres.  | Carey Hyatt (Mr.)                    | 5645 Breckenridge Cr.                             | Orlando FL 32818   |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

**FILED**  
2008 JUL 16 AM 8  
SECRETARY OF STATE  
TALLAHASSEE, FL

10. 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 contained in Chapter 119, 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:

Carey A. Hyatt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/08

Date

Daytime Phone #

407-358-4148