

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 SEP 16 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P04000012529**

1. Corporation Name

Harry Headys Inc

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

196 Miracle Strip Parkway

Suite, Apt. #, etc.

City & State

Fort Walton Beach, FL

Zip

32548

Country

USA

3. Mailing Office Address

196 Miracle Strip Parkway

Suite, Apt. #, etc.

City & State

Fort Walton Beach, FL

Zip

32548

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/02/2004

5. FEI Number
20-1430748

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

Patrick Barnett

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

196 Miracle Strip Parkway

Suite, Apt. #, Etc.

City

Fort Walton Beach

State

FL

Zip Code

32548

☒ 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

Date

7/2/2009

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Patrick Barnett	196 Miracle Strip Parkway	Fort Walton Beach, FL 32548

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick Barnett 7/2/09

Date

Daytime Phone #

850-621-5379

800160724178
09/16/09--01031--001 **250.00

REINSTATEMENT 05-09
CR2E081 (12/08)

800160724178
09/16/09--01031--002 **500.00