PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			2019 FEB -3 A 9: 38 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
DOCUMENT # P04000 172 /84 1. Corporation Name				,	MERHAUSEE, FLU	KIUA	
Hacien Comporati	ρΉ						
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address							
3320 Shady bak Drive	_	- SANE		CR2E081 (12/08)			
Suite, Apt. #, etc. Suite, Apt. #, etc.							
				4. Date Incorporated or Qualified To Do Business in Florida 12/27/2004			
City & State LAKELANEL, FL	City & State			5. FE Number Applied For			
Zip Country Zip		Country		6			
33810 Polk				CERTIFICATE OF STATUS DESIRED 55.73 Additional Fee require- for a Certificate of Status			
7. Name and Address of Current Registered Agent							
Name HAL PARTICERSON				☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive			
Street Address (P.O. Box Number is Not Acceptable)				the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
3320 Shady Ock Drive East Suite, Apt. #, Etc.							
City LAKEL MAND		State FL	Zip Code 33810				
8. I, being appointed the registered agent of the about	ve named corporati	ion, am familiar	with and accept the ob	ligations of section	on 607.0505 or 617.0503, F.S.		
Signature of				Date 14-31, 2009			
Registered Agent RE	GISTERED AGEN	IT MUST SIGN			Date	2007	
9. Names and Street Addresses of Each Officer and	l/or Director (Florida	a nonprofit corpo	rations must list at lea	ıst 3 directors)			
Titles Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State	/ Zip	
Present HATBPARKERS Secretary Ellen T. PARKERS	3	3320 Shady Oak Drux Eas			LAKELAND, FC	33810	
Secretary Ellen T. PARKERCOX				or East	LAKELAND, FL	33810	
		90 02/03/			0142712919 Ø901019006 **1050.00		
				RE	NSTATE	MENT	
					0	7-09	
10. I certify that I am an officer or director or the receithis reinstatement application, the reason for dissowed by the corporation have been paid and the ron this application is true and accurate, and my significant	names of individuals	s listed on this fo	rm do not qualify for a	n exemption cont	01 36011011 007.0401 01 017.040	1, F.S., triat air 1046	
<u> </u>							
SIGNATURE: SIGNATURA AND TYPED OR PRI		·		. /	<u> </u>	662-9480 ne Phone #	