

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 OCT 23 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000068069

1. Corporation Name
Hagan ALF Inc.

2. Principal Office Address - No P.O. Box # 3104 W 12th Street		3. Mailing Office Address 3104 W 12th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32254	Country USA	Zip 32254	Country USA

REINSTATEMENT CR2E0814(1/07)

4. Date Incorporated or Qualified To Do Business in Florida 5-6-05

5. FEI Number 20-2839897 ☐ 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
Sharon McIntyre

Street Address (P.O. Box Number is Not Acceptable)
11721 Tanager Dr

Suite, Apt. #, Etc.

City
Jacksonville

State
FL

Zip Code
32225

☒ 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. *sm*

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 **10/22/07**

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
pres	Sharon McIntyre	11721 Tanager Drive	Jacksonville, FL 32225
VP	Vivian Clark	1576 NE 216th Street	Lawtey, FL 32058

400111239384
10/23/07--01057--021 **\$300.00

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: *Sharon McIntyre* Sharon McIntyre (President) 10/22/07 904-382-3655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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10/22/07

Re: Document Number: P05000068069
Hagan ALF Inc.

To Whom It May Concern:

I would like to request the reinstatement fee \$600 fee be waived as we never received notification of prior notice of the Annual Report requirement.

Enclosed are the 2- \$150 fees for the reinstatement of 2006 & 2007.

We will be sure to resume proper reporting for the upcoming years for the corporation.

Thank you in advance for your consideration of this matter.

Please feel free to give me a call with any questions.

Sincerely,

A handwritten signature in cursive script, reading "Sharon McIntyre", followed by a long horizontal flourish line.

Sharon McIntyre
904-382-3655
President