

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB -5 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000116552

1. Corporation Name
MARY ANN HAWKEY, P.A.

100168107301
02/05/10--01035--018 ***608.75
CR2E081 (11/09)

2. Principal Office Address - No P.O. Box # <u>10436 S.E. LEATHERBACK TERRACE</u>		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>TEQUESTA FL</u>		City & State	
Zip <u>33469</u>	Country <u>USA</u>	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida <u>8/22/2005</u>	
5. FEI Number <u>203399997</u>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name <u>MARY ANN HAWKEY</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>10436 SE LEATHERBACK TERRACE</u>		
Suite, Apt. #, Etc.		
City <u>TEQUESTA</u>	State <u>FL</u>	Zip Code <u>33469</u>

☒ 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 Mary Ann Hawkey Date 2/1/2010
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	Mary Ann Hawkey	10436 SE LEATHERBACK TERRACE	TEQUESTA FL. 33469

REINSTATEMENT

RH

10. E-mail Address: M.HAWKEY Realtor @ COMCAST.NET

(To be used for future annual report notification)

11. 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. I further certify, 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: MARY ANN HAWKEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/1/2010 561-
Daytime Phone # 643-8787