

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 DEC 30 AM 9:42

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

DOCUMENT # P07000000649

1. Corporation Name

Haile Technology, Inc.

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

22580 HWY 441 N

Suite, Apt. #, etc.

3. Mailing Office Address

22580 HWY 441 N

Suite, Apt. #, etc.

City & State

Micanopy, Florida

City & State

Micanopy, Florida

Zip

32267

Country

USA

Zip

32667

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

01/02/2007

5. FEI Number

208152855

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
Yes

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Bryan P. Lutz

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

22580 HWY 441 N

Suite, Apt. #, Etc.

City

Micanopy

State

FL

Zip Code

32667

800267873848
12/30/14--01044--020 **1208.75

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

Bryan Lutz

Date **12.29.2014**

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	Bryan P. Lutz	22580 HWY 441 N	Micanopy, Florida 32667
			S. HAWKES
			DEC 31 A.M.
			EXAMINER

10. E-mail Address: **bryanlutz@hotmail.com**

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Bryan Lutz - **Bryan Lutz**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12.29.2014

Date

352-281-6017

Daytime Phone #