

# 2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P11000009249

**FILED**  
**Apr 16, 2014**  
**Secretary of State**

**Entity Name:** THE HAY PLACE, INC.

**Current Principal Place of Business:**

4545 US HWY 17  
DE LEON SPRINGS, FL 32130 US

**New Principal Place of Business:**

**Current Mailing Address:**

725 COUNTY ROAD 415  
NEW SMYRNA, FL 32168 US

**New Mailing Address:**

**FEI Number:** 59-3567519

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CURRELI, CHERYL  
725 COUNTY ROAD 415  
NEW SMYRNA, FL 32168 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CHERYL CURRELI

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CURRELI, ALAN F  
Address: 725 COUNTY ROAD 415  
City-St-Zip: NEW SMYRNA, L 32168 US

Title: VP  
Name: CURRELI, CHERYL  
Address: 725 COUNTY ROAD 415  
City-St-Zip: NEW SMYRNA, FL 32168 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHERYL CURRELI

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

VP

04/16/2014

\_\_\_\_\_  
Date