

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 APR 30 PM 2:51

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **PA2000008485**

1. Corporation Name
HAVIT PRODUCTS, INC.

Principal Place of Business Mailing Address
7707 Ellis Road 7707 Ellis Road
West Melbourne, FL West Melbourne, FL
32904-1187 32904-1187

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

AD
9597

2. New Principal Office Address, If Applicable n/a		3. New Mailing Office Address, If Applicable n/a		4. Date Incorporated or Qualified To Do Business in Florida 11/30/92	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3176476	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
V/P S, T, D	JAMES TURMAN	7707 Ellis Road	West Melbourne, Florida 32904
P/D	KEITH HAISTEN	5021 Carriage Lake Drive	Roswell, Georgia 30075

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-05/07/97--01066--009
*****1080.00 ***1080.00**

8. Name and Address of Current Registered Agent James Turman 7707 Ellis Road Melbourne, FL 32904-1187		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent: *James L. Turman* REGISTERED AGENT MUST SIGN Date: **4-28-97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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: *James L. Turman* 4-28-97 407-724-1890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20040 (12/96)