PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JAN 30 PM 3:25

DOCUMENT # P92000013853

1. Corporation Name
BENJAMIN H HAIRE & ASSOCIATES, PA

REINSTATEMENT 0304

2. Principal Office Address	3. Mailing Office Address
5100 W COPANS RD	5100 W COPANS RD
Suite, Apt. #, etc.: 900	Suite, Apt. #, etc.: 900
City & State: MARGATE FL	City & State: MARGATE, FL
Zip: 33063 Country: USA	Zip: 33063 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12-23-92

5. FEI Number: 65-0382650 ☐ 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: BENJAMIN H HAIRE

000027979750
01/30/04--01062--012 **300.00

Street Address (P.O. Box Number is Not Acceptable): 5100 W COPANS RD

Suite, Apt. #, Etc.: 900

City: MARGATE State: FL Zip Code: 33063

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: Benjamin H Haire Date: 1-13-04
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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	BENJAMIN H HAIRE	5100 W COPANS RD #900	MARGATE, FL 33063
S	ELIZABETH H HAIRE	SAME	SAME

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 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: Benjamin H Haire 1-13-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

THE LAW OFFICE OF BENJAMIN H. HAIRE, P.A.
5100 West Copans Road, #900
Margate, Florida 33063
(954) 974-9340; FAX (954) 974-8182

1-13-04

As you can see from the amendment there are no assets. For the past year I have relied on people to bring to me documents to be signed & bills to be paid. This was due to severe illness. I am still in pain mgmt but now I am able to handle things directly.

The forms never reached me. Probably because of a desire to have more money left to pay them. I don't know.

Please call to discuss if possible

Thanks.

Benjamin H Haire