

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000080341

1. Corporation Name

HAYMAN-CARROLLWOOD, INC.

Principal Place of Business

Mailing Address

~~1500 GAN REMO AVE~~
~~SUITE 220~~
~~CORAL GABLES FL 33146~~

~~1500 GAN REMO AVE~~
~~SUITE 220~~
~~CORAL GABLES FL 33146~~

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

2. New Principal Office Address, If Applicable
12125 Armenia Gables Cr.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
5700 Crooks Road
Suite, Apt. #, etc.

City & State
Tampa, Florida

City & State
Troy, Michigan

Zip
33612

Country

Zip
48098

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

11/22/1993

5. FE# Number

38-3153602

Applied For

Not Applicable

6

CERTIFICATE OF STATUS DESIRED ☐

\$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
DPS	HAYMAN, STEPHEN P	5700 CROOKS RD #400	TROY MI 48098
DVT	HAYMAN, ALAN J	5700 CROOKS RD #400	TROY MI 48098

500002814215-1
-03/22/99-01143-005
****900.00 ****900.00

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc

City

State
FL

Zip Code

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

3-12-99

Marc A. Gillis, Asst. V.P.

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alan J. Hayman

3/10/99

(248) 879-7777

Date Daytime Phone #

CR2E040 (9/98)