

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 # **P94000009163**

1. Corporation Name

TOBIAS HAYES CONSTRUCTION, INC.

Principal Place of Business

400 COOPERSTONE CR
CASSELBERRY FL 32707
US

Mailing Address

400 COOPERSTONE CR
CASSELBERRY FL 32707
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/03/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

APPLIED FOR

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D	CONNELLY-HAYES, CANDICE L	1621 LYNDAL BLVD. 400 Cooperstone Cr	MATLAND FL 32751 Casselberry Fl 32707
D	CONNELLY, ROBERT M	1621 LYNDAL BLVD. same as above	MATLAND FL 32751 same
D	CONNELLY, BECKY L	1621 LYNDAL BLVD. " " "	MATLAND FL 32751 "
D	HAYES, TOBIAS	1621 LYNDAL BLVD. " " "	MATLAND FL 32751 "
D	CONNELLY, ROBERT M JR.	1621 LYNDAL BLVD. " " "	MATLAND FL 32751 "
B	WELSH, RICHARD L <i>Delete</i>	1621 LYNDAL BLVD.	MATLAND FL 32751

8. Name and Address of Current Registered Agent

CONNELLY-HAYES, CANDACE
400 COOPERSTONE CR
CASSELBERRY FL 32707

9. Name and Address of New Registered Agent

Name

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

City

State

Zip Code

REINSTATEMENT

1996-600002046056--8
01/63/97 01182 889
***375.00 ***375.00

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

Candace Connelly-Hayes
REGISTERED AGENT MUST SIGN

Date *12-9-96*

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)(l), 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:

Candace Connelly-Hayes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-23-96