

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 SEP 20 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000027667

1. Corporation Name

LEO HAYMANS BUSES, INC.

2. Principal Office Address

2221 GRAND STREET

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32208

Country

USA

3. Mailing Office Address

2221 GRAND STREET

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32208

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3235584

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

HAYMANS, LEO

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

2221 GRAND STREET

Suite, Apt. #, Etc.

City

JACKSONVILLE

State
FL

Zip Code
32208

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

Leo Hayman

REGISTERED AGENT MUST SIGN

Date 9/19/02

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
DPST	HAYMANS, LEO	2221 GRAND STREET	JACKSONVILLE, FL 32208

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:

Leo Haymans

LEO HAYMANS

9/19/02 (904) 241-2533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)



- ✓ Income Tax Service
- ✓ Financial & Insurance Services
- ✓ Accounting & Bookkeeping Services

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320 Osceola Avenue
Jacksonville Beach, FL 32250
Phone 904/241-2533
Fax: 904/241-1604
www.triplechecktax.com

September 19, 2002

Division of Corporations
Annual Reports Filing
Post Office Box 6327
Tallahassee, FL 32314

Re: Profit Corporation Annual Report
Document P94000027667- Leo Haymans Buses, Inc.

Dear Sir/Madam,

Please see the attached Corporate Reinstatement Report for our client listed above. We are requesting a waiver of the late fee and ask that you accept the enclosed application and payment of \$300.00 for the 2001 and 2002 period.

Mr. Haymans, President of the above Corporation, did not receive his reports for these registration periods. He has always previously received his reports, filed and paid all yearly fees timely.

Thank you for your help with this matter. Please contact me if you have any questions/concerns regarding this matter.

Sincerely,

Beverlee A. Flowers, E.A.

Enclosure: Corporate Reinstatement Report
Check # 4619