PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 10 1

_	CORPORATIO	N



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000027667

1. Corporation Name

LEO HAYMANS BUSES, INC.

FILED 02 SEP 20 PM 3-09

SECRETARY OF STATE TALLAHASSEE, FLORIDA

2. Principal Office Address 2221 GRAND STREET  Suite, Apt. #, etc.  City & State  JACKSONVILLE, FL		3. Mailing Office Address 2221 GRAND STREET  Suite, Apt. #, etc.		-09/24/0201		
		City & State  JACKSONV	LLE, FL	Date Incorporated or Qualified     To Do Business in Florida      FEI Number     Applied Fo		
<sup>Zip</sup> 32208	Country USA	<sup>Zip</sup> 32208	Country	59-3235584  6. CERTIFICATE OF STATUS DESIRED  \$8.75	Not Applicable Additional Fee require	
Name		·	nd Address of Current Re	egistered Agent	a Certificate of Status	
L	HAYMANS, LEO  Street Address (P.O. Box Number is Not Acceptable)  2221 GRAND STREET  Suite, Apt. #, Etc.					

8.	I, being appointed the registere	d agent of the above	nomed asset				
		gont of the above	named corporation, am familiar with	h and accept the ob	ligations of section 607 and	)F 047 0500	
C:		, (			DED. YOU HOUSE IS SHOULD	15 0F 617.0503, F.S.	

Signature of Registered Agent

Deo

JACKSONVILLE

REGISTERED AGENT MUST SIGN

Date 9/19/02

Zip Code

32208

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

Titles	Name of Strong Addition (5				
nues	Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
DPST	HAYMANS, LEO	2221 CDAND CERTIFIE			
<del>-  </del>	_,	2221 GRAND STREET	JACKSONVILLE, FL 32208		
- <del>3 </del>		`			
<u> </u>					
		0 0			
		- U - OL U	50		
			78		

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 filling owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 607.0401 or 617.0401, F.S., that all fees 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

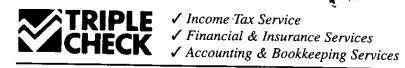
LEO HAYMANS

9/19/02 (904) 241-2533

Date

Daytime Phone #

CR2E081 (9/00)



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