

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2009 JAN 21 PM 2:01

DOCUMENT # P94000033557

1. Corporation Name

Hay Developement Corp.

2. Principal Office Address - No P.O. Box #

401 East Las Olas Blvd.,

Suite, Apt. #, etc.

1090

City & State

Ft. Lauderdale

Zip

33301

Country

United States

3. Mailing Office Address

401 East Las Olas Blvd.,

Suite, Apt. #, etc.

1090

City & State

Ft. lauderdale

Zip

33301

Country

United States

REINSTATEMENT 05-01

**4. Date Incorporated or Qualified
To Do Business In Florida** 5/2/1994

5. FEI Number
650487691

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

Tracy D. Weintraub, C.P.A.

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

401 East Las Olas Blvd.,

Suite, Apt. #, Etc.

1090

City

Fort Lauderdale

State

FL

Zip Code

33301

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Tracy D. Weintraub, CPA
REGISTERED AGENT MUST SIGN

Date 1/6/09

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	Weintraub, Tracy D	401 East Las Olas Blvd., Suite 1090	Ft. Lauderdale, FL 33301
S	Furlo, Kathy	P.O. Box 185	O'Brien, FL 32071
VP	Valdes, Oscar	5500 SW 62nd Avenue	Miami, FL 33155

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01/21/09--01030--017 **750.00

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 contained in Chapter 119, 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:

Tracy D. Weintraub
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/6/09

Daytime Phone #

954-728-3741