

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 15 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **995000025034**

1. Corporation Name

LAURETTA F. HAJIK, INC.

2. Principal Office Address

919 CONSTITUTION BLVD.

Suite, Apt. #, etc.

City & State

INVERNESS, FLORIDA

Zip

34453

Country

3. Mailing Office Address

919 CONSTITUTION BLVD.

Suite, Apt. #, etc.

City & State

INVERNESS, FLORIDA

Zip

34453

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/27/1995

5. FEI Number

59-3309741

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

REINSTATEMENT 97-04

7. Name and Address of Current Registered Agent

Name

LAURETTA F. HAJIK

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

919 CONSTITUTION BLVD

Suite, Apt. #, Etc.

City

INVERNESS

State

FL

Zip Code

34453

000038037640
06/17/04 01014 011 **100.00

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

Lauretta F. Hajik

REGISTERED AGENT MUST SIGN

Date

6/15/04

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
D.	LAURETTA F. HAJIK	919 CONSTITUTION BLVD	INVERNESS, FL 34453

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

Lauretta F. Hajik

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/04

Date

352-795-3144

Daytime Phone #

CR2E081 (01/04)