

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAR -1 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000035992

1. Corporation Name

HAKI, INC.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable
Great River House

3. New Mailing Office Address, If Applicable
P.O Box 1863

Suite, Apt. #, etc.

Great River Private

Suite, Apt. #, etc.

City & State
St. James

City & State
Montego Bay

Zip

Country

JAMAICA

Zip

Country

JAMAICA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

May 8, 1995

5. FEI Number

65-0578323

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for 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/P	Graham V. Kirk	Great River House Great River Private	St. James, JAMAICA West Indies
D/VP	Candace Harman Kirk	Great River House Great River Private	St. James, JAMAICA West Indies

300003161473-5
-03/03/00-01012-024
****900.00 ****900.00

8. Name and Address of Current Registered Agent

Lawrence E. Crary III
555 Colorado Avenue
Stuart, FL 34994

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

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

Lawrence E. Crary III

REGISTERED AGENT MUST SIGN

Date 2/28/00

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Graham V. Kirk, President

2/05/2000

Date

(876) 952-1315

Daytime Phone #

CR2E040 (1/98)