APPLICATION FOR MA



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS COMPLETING FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF COPPORATIONS

DOCUMENT #

REINSTATEMENT

P95000059518

1. Corporation Name

HAYEK CONSTRUCTION CORP.



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

##### 375 : 10 HAYEK, CHARLES C SSR SW. 14TH STREET BOCA RATON FL 33466 SSR SW. 14TH ST. SSR SW	Principal Place	of Rusiness	Mailing Address		4	•		
2. New Principal Office Address, If Applicable 3. New Malling Office Address, If Applicable 3. New Malling Office Address, If Applicable 5. FEI Number 25 059 8021 7. Names and Street Addresses of Each Officer and/or Director (Fordia nonprofit corporations must list at least 3 directors) 7. Names and Street Address of Each Officer and/or Director (Fordia nonprofit corporations must list at least 3 directors) 7. Names and Street Address of Each Officer and/or Director (Fordia nonprofit corporations must list at least 3 directors) 8. Name and Address of Each Officer and/or Director (Fordia nonprofit corporations must list at least 3 directors) 9. Name and Address of Corporation in the Corporation in t	656 S.W. 14TH	STREET	656 S.W. 14TH STREET					
2. New Principal Office Address, If Applicable 3. New Malling Office Address, If Applicable 4. Data Incorporated or Country 5. FEI Number 25-059 8021 Not Applicable 6. CERTIFICATE OF STATUS DESIRED Not Applicable 7. Names and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors 3 (Do NOT Use Post Office Box Numbers) Name Officers and/or Directors 1. Name and Address of Each Officers of Each	If above addre	esses are incorrect in any way. line	through incorrect information and enter	er correction below.				
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Coun					Date Incorp To Do Busin	orated or Qualified ness in Florids	07/94/400E	
City & State Zip Country City & State Zip Country C	Suite, Apt. #, et	C.	Suite, Apt. #, etc.		<u> </u>		Applied For	
7. Names and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Names and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Names and Officers and/or Directors 8. Sired Address of Each Officer and/or Director Off	City & State		City & State	ate		65-059 8021 Not Applicable		
Name of Cificers and/or Directors Title(s) 2	Zip	Country	Zip Cour	ntry		E OF STATUS DESIRED [
Name of Cificers and/or Directors Title(s) 2	7. Names and	Street Addresses of Each Officer a	nd/or Director (Florida nonprofit corpo	orations must list at lea	ast 3 directors)	4.5		
BOCA RATON FL 33488 BOCA RATO	Title(s)	Name of Officers	5	Street Address of Each Officer and/or Director	1 '	V 1	A CONTRACTOR SHOW A SERVICE ASSESSMENT	
REINSTATEMENT B. Name and Address of Current Registered Agent 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name HAYEK, CHARLES C 656 S.W. 14TH ST. BOCA RATON FL 33466 Suite, Apr. #, Etc. City State Zo Code FL REGISTERED AGENT MUST SIGN Date Policy State Policy	**************************************				vuilloera)	BOCA RATON FI	L 55488	
8. Name and Address of Current Registered Agent Name HAYEK, CHARLES C 656 S.W. 14TH ST. BOCA RATON FL 33496 Suite, Apt. #, Etc. City State Zip Code FL Signature of Registered Agent REGISTERED AGENT MUST SIGN				F	41 REINST	ODDIE -11/20/9 -11/20/9 ATEME	10314 5 66-01108-015 00 ****375.00	
8. Name and Address of Current Registered Agent Name HAYEK, CHARLES C 656 S.W. 14TH ST. BOCA RATON FL 33496 Suite, Apt. #, Etc. City State Zip Code FL Signature of Registered Agent REGISTERED AGENT MUST SIGN							a:Waw	
HAYEK, CHAPLES C 656 S.W. 14TH ST. BOCA RATON FL 33486 Suite, Apt. #, Etc. City State Zip Code FL 10. 1, being appointed the regimbled 1991 of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN							1115-96	
HAYEK, CHARLES C 656 S.W. 14TH ST. BOCA RATON FL 33496 Suite, Apr. #, Etc. City State Zip Code FL Signature of Registered Agent REGISTERED AGENT MUST SIGN		8. Name and Address of Curre	ent Registered Agent		9. Name and /	Address of New Regis	stered Agent	
10. 1, being appointed the regime of gont of the above pamed corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of REGISTERED AGENT MUST SIGN Date	656 S.W.	14TH ST.		Street Address (P.O. Box Number is Not Acceptable)				
Signature of Registered Agent REGURED Pale 9-26-96				City		The state of the s	State Zip Code	
REGISTERED AGENT MUST SIGN	10. I, being app	pointed the regime ed agent of the	above named corporation, am familiar	with and accept the of	bligations of Sect	lon 607.0505, F.S.	ing Maderina and	
Management of the state of the		nt Killer	OCCUPATION LOCAL LUIDA CICAL	UIRED		Date 9	error temperatur distributivation productivation in	
	11:- Does • Dept	this corporation pay of Revenue under S		the atutes. Yes	⊠ No □		ther side for information	
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 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 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)(f), F.S The information is on this application is true and accurate and all signature shall have the same legal effect as if made under oath. SIGNATURE:	this reinstate owed by the on this appli	ement application, the reason for do corporation have been paid and tication is true and accurate and in	lissolution has been eliminated, the co he names of Individuals listed on this i signature shall have the same legal i	porate name satisfies form do not qualify for effect as if made under	the requirements an exemption un-	of section 607.0401 o	r 617.0401, F.S., that all fees	