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
97 NOV 17 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000079990**

1. Corporation Name

HAUFFE CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
7005 REDONDO DRIVE PENSACOLA FL 32526	7005 REDONDO DRIVE PENSACOLA FL 32526

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

REINSTATEMENT 97

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
3740 N. BLUE ANGEL PKWY	3740 N. BLUE ANGEL PKWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
PENSACOLA, FL	PENSACOLA, FL
Zip 32526 Country USA	Zip 32526 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/13/1995

5. FEI Number: 59-3348189 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **$8.75 Additional Fee required for a Certificate of Status**

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
PTD	HAUFFE, RANDY	7005 REDONDO DRIVE	PENSACOLA FL
VS	PAGE, BELINDA	7005 REDONDO DRIVE	PENSACOLA FL
V	SNELL, JERAMIAH	2836 N DAVIS HWY	PENSACOLA FL

DB 11-17-97

8. Name and Address of Current Registered Agent

HAUFFE, RANDY
7005 REDONDO DRIVE
PENSACOLA FL 32526

9. Name and Address of New Registered Agent

Name: 400002352044---4
-11/19/97--01082--019
****750.00 ****750.00

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

Suite, Apt. #, Etc.:

City: State: FL Zip Code:

CR2E040 (8/97)

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: Randy Hauffe
REGISTERED AGENT MUST SIGN

Date: NOV. 4 1997

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: Belinda D. Page BELINDA D. PAGE 11/4/97 (850)458-9261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #