

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morley
Secretary of State

DIVISION OF CORPORATIONS

FILED

97 DEC 31 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000018034

1. Corporation Name
KELLEY HAINES, INC.

Principal Place of Business
2700 N.E. 21ST TERRACE
FORT LAUDERDALE FL 33306

Mailing Address
2700 N.E. 21ST TERRACE
FORT LAUDERDALE FL 33306



REINSTATEMENT 97

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/27/1996	
City & State		City & State		5. FEI Number	
Zip		Country		65-0649041	
				Applied For	
				<input checked="" type="checkbox"/> Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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)			
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	HAINES, KELLY	2700 N.E. 21ST TERRACE	FORT LAUDERDALE FL 33306

300002393269--3
-01/07/98--01105--006
***750.00 ***750.00

DB
F2-98

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
FILINGS, INC 3732 N.W. 18TH STREET FORT LAUDERDALE FL 33311		Name KELLEY HAINES	
		Street Address (P.O. Box Number is Not Acceptable) 2700 NE 21ST TERRACE	
		Suite, Apt. #, Etc.	
		City FORT LAUD.	
		State FL	
		Zip Code 33306	

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: Kelley Haines
Date: 12.13.97
REGISTERED AGENT MUST SIGN

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: Kelley Haines
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 12.13.97
Daytime Phone #

CP2E040 (8/97)