

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 OCT 27 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500137092205
10/20/08--01064--014 **300.00

REINSTATEMENT 07-08
CR2E081 (10/08)

DOCUMENT # P97000016485

1. Corporation Name

Charles Haney Construction Inc.

W08-48338

2. Principal Office Address - No P.O. Box #

306 Hewitt St

Suite, Apt. #, etc.

3. Mailing Office Address

306 Hewitt St

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Pensacola, FL

Zip

32503

Country

Escambia

Zip

32503

Country

Escambia

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

2/26/1997

5. FEI Number

59-3427328

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Charles Haney

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

306 Hewitt St

Suite, Apt. #, Etc.

City Pensacola

State

FL

Zip Code

32503

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Charles Haney

Date 10-15-08

REGISTERED AGENT MUST SIGN

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
President	Charles H. Haney	306 Hewitt St.	Pensacola, FL 32503
Vice President	Charles T. Haney	5600 Forest Creek Dr.	Pace, FL 32571
Treasurer	Martha V. Haney	306 Hewitt St.	Pensacola, FL 32503

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 contained in Chapter 119, 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:

Charles Haney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-15-08

Daytime Phone #