

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 23 AM 8:00

DOCUMENT # P97000027296

1. Corporation Name

Michael R. Haley, Inc

2. Principal Office Address

3953 St. Johns Avenue

3. Mailing Office Address

3953 St. Johns Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32205

Country

Duval

Zip

32205

Country

Duval

4. Date Incorporated or Qualified
To Do Business in Florida

03-26-1997

5. FEI Number

59-3437664

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent

Name

Michael R. Haley

600024023686

10/23/03--01019--004 **300 00

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

3953 St. Johns Avenue

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32205

MRS

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

Michael R. Haley

REGISTERED AGENT MUST SIGN

Date

9/4/03

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
D	Michael R. Haley	3953 St. Johns Avenue	Jacksonville, FL 32205

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 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:

Michael R. Haley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/4/03

Daytime Phone #

CR2E081 (10/02)

Michael R. Haley, Inc

3953 St. Johns Avenue
Jacksonville, FL 32205

September 4, 2003

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

**RE: REINSTATEMENT OF MICHAEL R. HALEY, INC.
(FEIN: 59-3437664)**

To Whom It May Concern:

The purpose of this letter is to request waiver of the \$600.00 Reinstatement Fee charged by the Department of State. We never received the 2002 or 2003 Uniform Business Report and would like to request an abatement of the Reinstatement Fee. Our previous Accountant was receiving those forms and did not forward them to me. I am enclosing the reinstatement form and the Uniform Business Report for 2003 with a check for \$300.00.

If you have any questions, please feel free to call me at (904) 388-5700. Thank you for your consideration.

Sincerely,
MICHAEL R. HALEY, INC.



Deborah B. Jackson
Bookkeeper

Enclosure