

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FOR
REINSTATEMENT

FILED

02 OCT 25 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000060433

1. Corporation Name

HAYES ELECTRIC OF PALM BEACH, INC.

Principal Place of Business

330 N.E. 4TH ST.
UNIT F
DELRAY BEACH FL 33483
US

Mailing Address

330 N.E. 4TH ST.
UNIT F
DELRAY BEACH FL 33483
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/10/1997

5. FEI Number

59-3436732

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	HAYES, JAMES	330 N.E. 4TH ST. UNIT F	DELRAY BEACH FL 33483

7000008606047
10/28/02--01034--013 **150.00

10/10/30

8. Name and Address of Current Registered Agent

HOPKINS, JONHLE O
4800 NORTH FEDERAL HIGHWAY
STE 307-D
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/21/02

11. 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HAYES

10/21/02

Date

Daytime Phone #

CR2E040 (8/02)



HAYES ELECTRIC
Licensed • Bonded • Insured
Specializing in Control & Commercial Wiring
276-5547

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

October 21, 2002

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I apologize for not filing in a timely manner, we did not receive the prior notices. We are located in a warehouse district, and do not always get out mail, that is delivered to this location. We have a Post Office Box that all our mail goes to. Please note new mailing address.
P.O. Box 928
Delray Beach, Florida 33444

Thank you

Jim Hayes, President