

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 OCT 23 AM 10:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000048714

1. Corporation Name

HAGUE ASSET MANAGEMENT, INC.

Principal Place of Business

514 ANTILLES CT.  
MARCO ISLAND FL 34145

Mailing Address

514 ANTILLES CT.  
MARCO ISLAND FL 34145



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.	05/24/1999
City & State	City & State	5. FEI Number
Zip	Country	Applied For
	Zip	Not Applicable
	Country	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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	HAGUE, WILLIAM F	514 ANTILLES CT.	MARCO ISLAND FL 34145
D	GIBSON, BARRY N	46 NO. BARFIELD DR.	MARCO ISLAND FL 34145
			300003456093--5 -11/07/00-01120--006 ****550.00 ****550.00
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			DO UBL

8. Name and Address of Current Registered Agent

VASQUEZ, ERIC J ESO.  
993 NO. COLLIER BLVD.  
MARCO ISLAND FL 34145

9. Name and Address of New Registered Agent

Name	William F. Hague
Street Address (P.O. Box Number is Not Acceptable)	977 Nonu Collier Blvd.
Suite, Apt. #, Etc.	
City	Marco Island
State	FL
Zip Code	34145

CR2E040 (8/00)

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

*William F. Hague*  
REGISTERED AGENT MUST SIGN

Date 10/16/00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/00 941-389-1999  
Date Daytime Phone #