

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **G42849**

1. Corporation Name

HAGIE'S ENTERPRISES, INC.

Principal Place of Business

7934 70TH STREET NORTH
PINELLAS PARK FL 33781
US

Mailing Address

7934 70TH STREET NORTH
PINELLAS PARK FL 33781
US

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

2. New Principal Office Address, if Applicable

Tom Hagedish
Suite, Apt. #, etc.
P.O. Box 49083
City & State
St. Petersburg Fl.
Zip
33743 Country
Pinellas 05

3. New Mailing Office Address, if Applicable

Hagedish Ent. Inc.
Suite, Apt. #, etc.
P.O. Box 49083
City & State
St. Petersburg Fl.
Zip
33743 Country
US

4. Date Incorporated or Qualified
To Do Business in Florida

06/09/1983

5. FEI Number

59-2409938

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	HAGEDISH, TOM	7934 70TH STREET NORTH	PINELLAS PARK FL 33781

800024892378
11/20/03-01072-017 **150.00

8. Name and Address of Current Registered Agent

GOLDSTEIN, LARRY D
7601 38TH AVE N.
ST. PETERSBURG FL 33710

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

ED

Date

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:

Thomas Hagedish
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/14/03

Daytime Phone #

FILED
03 NOV 10 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT
REINSTATEMENT 03

CR2E040 (7/03)

October 14, 2003

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

Re: Document #G42849
Hagie's Enterprises, Inc.

Dear Sirs:

At the time the filing of the Annual Report for the above-mentioned corporation came due, I had been diagnosed with Myasthenia Gravis. I had been unable to work since November of 2002 and until recently the doctors have been experimenting with my medicine. I now find that I am possibly able to work again.

I just received this in the mail as I had moved from 7934 70th Street North, Pinellas Park address at the beginning of April this year and moved in with a friend when I was unable to do much with my life.

I made a call to (850) 245-6059 and they informed me that I should write a letter of explanation and pay \$150 and that would take care of my annual report and reinstatement. My check for \$150 is enclosed.

Thank you for your consideration in this matter.

Very truly yours,

Thomas Hagedish