

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2021-12-6 8:10:28

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT# P03000154751

1 Corporation Name

HALO LEASING, INC.

300377620663
12/06/21--01003--020 **1050.00

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

19709 US 19 NORTH

Suite, Apt. #, etc.

3 Mailing Office Address

19709 US 19 NORTH

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

Zip

33764

Country

U.S.

Zip

33764

Country

U.S.

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

12/12/2003

5. FEI Number

52-2437723

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JAMES H NELSON

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

5010 W. LEONA ST

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33629

DEC 07 2021

I ALBRITTON

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

REGISTERED AGENT MUST SIGN

Date 12/6/2021

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
PD	JAMES H. NELSON	5010 W. LEONA ST	TAMPA, FL 33629

REINSTATEMENT

2019-2021

10. E-mail Address: PClarke@kasslaw.com

(To be used for future annual report notifications)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 617.155, F.S.

SIGNATURE:

JAMES H. NELSON

12/6/2021

813-229-0900 x 1305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #