

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR **REINSTATEMENT**



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

FILED
99 DEC 13 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **502119**

1. Corporation Name

WHITEHALL FINANCIAL SERVICES, INC.

Principal Place of Business

Mailing Address

644 CYPRESS KEY DRIVE
ATLANTIS FL 33462
US

644 CYPRESS KEY DRIVE
ATLANTIS FL 33462
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT *99*

4. Date Incorporated or Qualified To Do Business in Florida

04/28/1976

SP

5. FEI Number

59-1669946

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
DC	CARPINELLO, JAMES A	644 CYPRESS KEY DRIVE	ATLANTIS FL
PSD	HANNA, DORI H	644 CYPRESS KEY DRIVE	ATLANTIS FL
PSD	CARPINELLO, DORI H	644 Cypress Key Dr	Atlantis, FL
			700003079397--3 -12/23/99--01057--007 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HANNA, DORI H
644 CYPRESS KEY DRIVE
ATLANTIS FL 33462

Name *Carpinello, DORI H*
Street Address (P.O. Box Number is Not Acceptable) *644 Cypress Key Dr*
Suite, Apt. #, Etc.
City *Atlantis* State *FL* Zip Code *33462*

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

Dori H. Carpinello
REGISTERED AGENT MUST SIGN

Date

12-10-99

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

Dori H. Carpinello, President *12-10-99* *561-433-4808*
Date Daytime Phone #
DORI H. Carpinello