

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR **REINSTATEMENT**



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

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

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



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 <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
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

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-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: <i>Carpinello, DORI H</i> Street Address (P.O. Box Number is Not Acceptable): <i>644 Cypress Key Dr</i> Suite, Apt. #, Etc.: City: <i>Atlantis</i> State: <i>FL</i> Zip Code: <i>33462</i>

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* Date: *12-10-99*
REGISTERED AGENT MUST SIGN

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: *Dori H. Carpinello, President* Date: *12-10-99* Daytime Phone #: *561-433-4808*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: *DORI H. Carpinello*

CR25040 (8/99)