


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 584086

1. Corporation Name
HALDORS, INC.

Principal Place of Business
**7336 S.W. 42ND STREET
MIAMI FL 33155-4508**

Mailing Address
**7336 S.W. 42ND STREET
MIAMI FL 33155-4508**



REINSTATEMENT

FILED
97 DEC -3 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 08/03/1978	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-1878509	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	WEISS, HAROLD J	7336 S.W. 42ND ST.	MIAMI FL 33155

000002374150--7
-12/16/97--01121--006
****750.00 ****750.00

Handwritten: 12-3-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**WEISS, HAROLD J
7336 S.W. 42ND STREET
MIAMI FL 33155**

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.

Signature of Registered Agent

Handwritten signature of Harold J. Weiss

THE REGISTERED AGENT MUST SIGN

Date **12/1/97**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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

Handwritten signature of Harold J. Weiss

Date

11/18/97

Daytime Phone #

CR2E040 (8/97)