

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 11 PM 4:50

DOCUMENT # 743829

1. Corporation Name

437 N. HALIFAX, ASSOCIATION, INC.

2. Principal Office Address

437 N. Halifax Avenue

Suite, Apt. #, etc.
10

City & State

Daytona Beach, FL

Zip
32118

Country
Volusia

3. Mailing Office Address

437 N. Halifax Avenue

Suite, Apt. #, etc.
10

City & State

Daytona Beach, FL

Zip
32118

Country
Volusia

REINSTATEMENT 88-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

August 7, 1978

5. FEI Number

59-1934503

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

TERESA BIRD

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

437 N. HALIFAX AVENUE

Suite, Apt. #, Etc.
#10

City

DAYTONA BEACH,

State

FL

Zip Code

32118-4065

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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

Teresa Bird

REGISTERED AGENT MUST SIGN

Date

12/7/00

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
P/D	GARY HARDMAN	437 N. HALIFAX AVENUE, #6	DAYTONA BEACH, FL 32118
VP/D	JOHN PALMER	437 N. HALIFAX AVENUE, #5	DAYTONA BEACH, FL 32118
S/T/D	TERESA BIRD	437 N. HALIFAX AVENUE, #10	DAYTONA BEACH, FL 32118

10. 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:

Teresa Bird

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/2/00

Daytime Phone #

(904) 252-8563