

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JAN -2 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F86576

1. Corporation Name

HALLMARK PRESS INC.

Principal Place of Business

1337 NW 155 DRIVE  
MIAMI FL 33169

Mailing Address

1337 NW 155 DRIVE  
MIAMI FL 33169



REINSTATEMENT 02

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/18/1982

5. FEI Number

59-2237600

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	ROSKIN, CAROLYN	20281 E. COUNTRY CLUB DR, #208	MIAMI FL 00000
VP	ROSKIN, SOLOMON	20281 E. COUNTRY CLUB DR., #208	MIAMI FL
S	HOOD, ROBIN BURKE	2010 NE 28 ST	LIGHTHOUSE POINT FL

500009771605  
01/02/03--01007--001 \*\*758.75

8. Name and Address of Current Registered Agent

~~ROSKIN, SOLOMON  
1337 NW 155TH DR  
MIAMI FL 33138~~

9. Name and Address of New Registered Agent

Name

HOOD, ROBIN BURKE

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

1337 N.W. 155TH DRIVE

Suite, Apt. #, Etc.

City

miami

State

FL

Zip Code

33169

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

12/30/02

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/30/02

Daytime Phone #

(305) 621-8686

CR2E040 (8/02)