

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **H84289**

1. Corporation Name

THE HALVORSEN GROUP, INC

Principal Place of Business

2330 OAK ST.
JACKSONVILLE, FL.
32204

Mailing Address

2330 OAK ST.
JACKSONVILLE, FL.
32204

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

FILED

99 FEB 11 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT **97-99**

4. Date Incorporated or Qualified
To Do Business in Florida

11-01-85

5. FEI Number

59-2606633

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 (Do NOT Use Post Office Box Numbers) 3 | City / State / Zip 4 |
|---------------|---|--|---------------------------------|
| PD | HALVORSEN, THOMAS E. | 4646 SUNBEAM STATION CT. JACKSONVILLE, FL 32257 | JACKSONVILLE, FL. 32257 |
| ST | CASON, SPENCER M. | 2090 OAK HAMMOCK DR. | PONTE VEDRA BEACH, FL. 32082 |
| | | | |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

ASBURY, LLOYD M.
214 N. CLAY ST.
JACKSONVILLE, FL. 32202

9. Name and Address of New Registered Agent

Name

THOMAS E. HALVORSEN

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

4646 SONBEAM STATION CT.

Suite, Apt. #, Etc.

City JACKSONVILLE

State
FL

Zip Code
32257

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

Thomas E. Halvorsen
REGISTERED AGENT MUST SIGN

Date

2/10/99

11. This corporation owes 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:

Thomas E. Halvorsen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Thomas E. Halvorsen

2/10/99
Date

(604)
384-0011
Daytime Phone #