

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN 10 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H84289

1. Corporation Name

THE HALVORSEN GROUP, INC.

Principal Place of Business

Mailing Address

6320 ST AUGUSTINE RD
SUITE 12
JACKSONVILLE FL 32204

6320 ST AUGUSTINE RD
SUITE 12
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

3. New Mailing Office Address, If Applicable

4241 Baymeadows Rd. 4241 Baymeadows Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 23

Suite 23

City & State

City & State

JACKSONVILLE, FL.

JACKSONVILLE, FL.

Zip

Country

Zip

Country

32217

U.S.A.

32217

U.S.A.

REINSTATEMENT

00-03

4. Date Incorporated or Qualified
To Do Business in Florida

11/01/1985

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)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

1

2

3

4

PD

HALVORSEN, THOMAS E.

4646 SUNBEAM STATION CT.

JACKSONVILLE FL 32257

ST

HALVORSEN, THOMAS E

4646 SUNBEAM STATION CT

JACKSONVILLE FL 32257

600010009876

01/10/03--01025--001 **1058.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HALVORSEN, THOMAS E
4646 SUNBEAM STATION COURT
JACKSONVILLE FL 32257

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

Thomas E. Halvorsen

REGISTERED AGENT MUST SIGN

Date

1-7-03

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:

Thomas E. Halvorsen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-03

Date

Daytime Phone #

(904) 874-7098

CR20040 (8/01)