

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 NOV -1 AM 10:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J63570

1. Corporation Name

HERMAN HALE & ASSOCIATES, INC.

Principal Place of Business

1708 QUEEN AVE  
SEBRING FL 33872  
US

Mailing Address

1708 QUEEN AVE  
SEBRING FL 33872  
US

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

03/19/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2865299

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

Zip

Country

Zip

Country

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	4 City / State / Zip
PCEO	GILLILAN, BEVERLY BRANDO	1708 QUEEN AVE.	SEBRING FL
C	NAGAN, RALPH J	2 PINE BROOK DR	WHITE PLAINS NY
COE	GILLILAN, BEVERLY B	1708 QUEEN AVE.	SEBRING FL
D	WOODRUFF, RON	9311 SE FOSTER RD #334	PORTLAND OR
D	MILLER, RICHARD B	4813 ROYCAR RD	EDINA MN

8. Name and Address of Current Registered Agent

REINSTATEMENT 99

GILLILAN, BEVERLY BRANDO  
C/O HERMAN HALE & ASSOC.  
104 NE LAKEVIEW DRIVE #2  
SEBRING FL 33870

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

Suite, Apt. #, Etc.

City

380003838383-4

-11/09/99--01012--003

\*\*\*750.00 2750.00

FL

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

*B. G. Gillilan*  
REGISTERED AGENT MUST SIGN

Date

10/19/99

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:

*B. G. Gillilan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/99

630-307-0968  
Daytime Phone #