

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **K53400**

1. Corporation Name

HALLMARK SERVICE SYSTEMS, INC.

99AR

Principal Place of Business

Mailing Address

2500 HALLANDALE BOCH BLVD
SUITE 607
HALLANDALE FL 33008
US

P O BOX 488
PO BOX 488
HALLANDALE FL 33008
US

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

2. New Principal Office Address, If Applicable

409 W. Hallandale Beach Blvd

Suite, Apt. #, etc.

Suite 217

City & State

Hallandale FL

Zip

33008

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or To Do Business in Florida

8.75 *8.75*

12/22/1988

5. FEI Number

65-0080443

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PD	GREENSPAN, BERNARD	2885 S BAYSHORE DR #M103	COCONUT GROVE FL
D	GREENSPAN, JOSEPH	26 CLOVERDALE CT	PALM COAST FL
S	GREENSPAN, ROSE	26 CLOVERDALE CT	PALM COAST FL
<i>PD</i>	<i>GREENSPAN, DONNA</i>	<i>409 W. Hallandale Beach Blvd #217</i>	<i>Hallandale, FL 33008</i>
			<i>000003050560-6</i>
			<i>-11/22/93 - 01018-022</i>
			<i>150.00 ****150.00</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GREENSPAN, BERNARD
1845 NE 207TH ST.
N. MIAMI BEACH FL 33179

Name **GREENSPAN, DONNA**

Street Address (P.O. Box Number is Not Acceptable)
409 West Hallandale Beach Blvd.

Suite, Apt. #, Etc.
Suite 217

City *Hallandale*

State

FL

Zip Code

33008

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

Donna Green

Date *10/14/97*

11. I, being appointed 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:

Donna Green
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

10/14/99

Daytime Phone #

CR23140 (8/99)