

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT****FLORIDA DEPARTMENT OF STATE****Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

02 FEB 27 AM 10:01

**DOCUMENT #** L 25850

1. Corporation Name

JAMES C. HALL COMPANY, INC.

2. Principal Office Address

225 Old Sanford Oviedo Rd.

3. Mailing Office Address

225 Old Sanford Oviedo Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Winter Springs FL

City &amp; State

Winter Springs FL

Zip

32708

Country

Seminole

Zip

32708

Country

Seminole

4. Date Incorporated or Qualified  
To Do Business in Florida

10/27/1989

5. FEI Number

59-2974317

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒\$8.75 Additional Fee required  
for a Certificate of Status**7. Name and Address of Current Registered Agent**

Name

James C. Hall

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

225 Old Sanford Oviedo Rd.

Suite, Apt. #, Etc.

City

Winter Springs

State

FL

Zip Code

32708

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Date 2/25/02

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	James C. Hall	643 Dunblane Dr.	Winter Park FL 32792

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/02

Date

407-327-4930

Daytime Phone #