

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 05, 2004 8:00 A.M.**  
**Secretary of State**

DOCUMENT #

L74683

1. Corporation Name

Hallman and Lyngholm Realty, Inc.

2. Principal Office Address

151 Vollmer Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

151 Vollmer Avenue

Suite, Apt. #, etc.

City & State

Oldsmar, FL 34677

Zip

34677

Country

U.S.

City & State

Oldsmar, FL 34677

Zip

34677

Country

U.S.

800037435178

06/01/04--01006--027 \*\*1050.00

4. Date Incorporated or Qualified  
To Do Business in Florida

5-18-90

5. FEI Number

593016992

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

Bryan A. Kutchins, Esq.; Kutchins & Bishop, P.A.

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

3974 Tampa Road, Suite A

Suite, Apt. #, Etc.

City

Oldsmar, FL 34677

State

FL

Zip Code

34677

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

*Bryan A. Kutchins*

REGISTERED AGENT MUST SIGN

Date

5-4-04

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/P	James Lyngholm	151 Vollmer Avenue	Oldsmar, FL 34677

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/4/04 813 854 3332