Division of Corporations

L98000001803

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000089515 3)))

H11000089515 3ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : COMITER & SINGER, LLP
Account Number : I20000000085
Phone : (561)626-4742
Fax Number : (561)626-4742

FILED
2011 APR -6 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: mfrid@comitersinger.com

LIMITED LIABILITY REINSTATEMENT
HALCO INVESTMENTS L.C.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$377.50

RECEIVED
11 APR -6 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
APR 7 2011
EXAMINER

Electronic Filing Menu Corporate Filing Menu Help

H11000089515 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2011 APR -6 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/11)

DOCUMENT # L98000001803

1. Limited Liability Company's Name

Halco Investments L.C.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
500 Southeast Fifth Avenue		500 Southeast Fifth Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Penthouse 01		Penthouse 01	
City & State		City & State	
Boca Raton, FL		Boca Raton, FL	
Zip	Country	Zip	Country
33432	US	33432	US

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 9/11/1998

6. FEI Number: 65-0853703 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Barry Halperin

Street Address (P.O. Box Number is Not Acceptable): 500 Southeast Fifth Avenue

Suite, Apt. #, Etc.: Penthouse 01

City	State	Zip Code
Boca Raton, FL	FL	33432

E-mail Address:

mfrid@comitersinger.com

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent Barry Halperin Date January 1, 2011

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mng Mbr	Barry Halperin, Personal Representative of the Estate of Maurice Halperin	500 Southeast Fifth Avenue	Boca Raton, FL 33432

REINSTATEMENT - 2010 - 2011

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0108, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager Barry Halperin Date 1/1/2011 Daytime Phone # 561-626-2101

Typed or printed name of signing Managing Member/Manager: Barry Halperin, Personal Rep., Managing Member

C.L.