

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JUN 15 PM 4:23

DOCUMENT # 201000070346

1. Corporation Name

Hallmark Leasing, Inc.

2. Principal Office Address - No P.O. Box #

57 N.W US Hwy 19

Suite, Apt. #, etc.

3. Mailing Office Address

57 N.W US Hwy 19

Suite, Apt. #, etc.

City & State

Crystal River, FL

Zip

34428

Country

City & State

Crystal River, FL

Zip

34428

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3731225

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

KATHLEEN SNYDER

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

9283 W. Sleepy Oak Ct.

Suite, Apt. #, Etc.

City

Crystal River

State

FL

Zip Code

34428

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

Kathleen Snyder

Date

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
Pres	NEDRA GANN	# 4050 166 S.E. St. Lucie Blvd	Stuart, FL 34996
Treas	KATHLEEN SNYDER	9283 W. Sleepy Oak Ct	Crystal River, FL 34428

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 contained in Chapter 119, 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:

Kathleen Snyder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/07

Date

352-563-5885

Daytime Phone #