## 2005 FOR PROFIT CORPORATION REINSTATEMENT

|                                                                                               |                                    | KEINSI                                                                                                           | AIEME                                 | N I                               |                |                               |                                                    |                                                                  |                                                 |                                                                                  | F 17                 |                                    |                           |
|-----------------------------------------------------------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------|----------------|-------------------------------|----------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------------------------|----------------------|------------------------------------|---------------------------|
| DOCUMENT # P01000116370                                                                       |                                    |                                                                                                                  |                                       |                                   |                |                               |                                                    | FILED                                                            |                                                 |                                                                                  |                      |                                    |                           |
| 1. Entity Name HALIFAX & EVA'S SERVICE INC.                                                   |                                    |                                                                                                                  |                                       |                                   |                |                               |                                                    | OS MAR 18 AM 10:51<br>SECHETARY OF STATE<br>TALLAHASSEL, FLORIDA |                                                 |                                                                                  |                      |                                    |                           |
| Principal Plac                                                                                | e of Business                      | ,                                                                                                                | Mailing Add                           | race                              |                | No. W.                        | TEST .                                             |                                                                  | SE                                              | DELTAN                                                                           | 1 OF 3               | ,TATE<br>GaIDA                     |                           |
| 12001 BELC                                                                                    |                                    | •                                                                                                                | 12001 BE                              | 12001 BELCHER RD                  |                |                               |                                                    |                                                                  | TAL                                             | Allas                                                                            | Contract to          |                                    |                           |
| B21<br>Largo, FL 3                                                                            | 33773                              |                                                                                                                  | B21<br>LARGO, FL 33773                |                                   |                |                               |                                                    |                                                                  | 4 Sell esin S                                   | (( <b>0</b> )    <b>33:</b>   4 <b>:</b>  4: 4: 4: 4: 4: 4: 4: 4: 4: 4: 4: 4: 4: | ***** **** **** **** |                                    |                           |
| 2. Principal Place of Business USI & Maje Light Loop  3. Mailing Address 4513 Maje Light Loop |                                    |                                                                                                                  |                                       |                                   |                |                               |                                                    |                                                                  |                                                 |                                                                                  |                      |                                    |                           |
| Suite, Apt.                                                                                   |                                    | th root                                                                                                          | Suite, Apt. #, etc.                   |                                   |                |                               | ALC:                                               | DRAK                                                             | TA                                              | TEN                                                                              | <b>TEN</b>           | <b>0</b><br>098 <del>-(0/04)</del> |                           |
| City & Stat                                                                                   | City & Sta                         | te .                                                                                                             |                                       |                                   |                | 4. FEI Numb                   | 7 19 40                                            | IIA II PANKA                                                     | H WOHZ                                          |                                                                                  | plied For            |                                    |                           |
| MESIGN                                                                                        | WESLEY CHAPEL FL                   |                                                                                                                  | Wester Charen Fc                      |                                   |                | NOT-A                         |                                                    |                                                                  |                                                 | ABLE 0                                                                           | 2-0564               | 881 No                             | t Applicable              |
| Zip 33543 Country                                                                             |                                    |                                                                                                                  | <sup>2/p</sup> 335                    | Zip 33543 Count                   |                |                               |                                                    | 5. Cèrtificate                                                   | of Status Desired S8.75 Additional Fee Required |                                                                                  |                      |                                    |                           |
| <del></del>                                                                                   |                                    | Name                                                                                                             | -                                     | 7. Name and                       | d Addre        | ss of New I                   | Registered                                         | Agent                                                            |                                                 |                                                                                  |                      |                                    |                           |
| DELTA MECHANICAL INC<br>7237 BRYAN DAIRY RD                                                   |                                    |                                                                                                                  |                                       |                                   |                | Street Ad                     | Street Address (P.O. Box Number is Not Acceptable) |                                                                  |                                                 |                                                                                  |                      |                                    |                           |
| LARGO, FL 33777                                                                               |                                    |                                                                                                                  |                                       |                                   |                |                               |                                                    |                                                                  |                                                 |                                                                                  |                      |                                    |                           |
|                                                                                               |                                    |                                                                                                                  |                                       |                                   |                | City                          |                                                    |                                                                  |                                                 |                                                                                  | FL                   | Zip Code                           | e                         |
|                                                                                               | named entity                       | r submits this statement for                                                                                     | or the purpose of                     | changing its                      | registere      | ed office or                  | registere                                          | d agent, or bo                                                   | oth, in th                                      | e State of F                                                                     |                      | <u> </u>                           | and accept                |
| SIGNATURE.                                                                                    | _                                  | 375 <b>2 495</b> 114.                                                                                            |                                       |                                   |                |                               |                                                    |                                                                  |                                                 |                                                                                  |                      |                                    |                           |
| SIGNATURE.                                                                                    |                                    | or printed name of registered agen                                                                               | and title if applicable.              | (NОТЕ                             | : Registere    | ed Agent signat               | ture required                                      | d when reinstating                                               | )                                               |                                                                                  | DATE                 |                                    |                           |
| Fil                                                                                           | LE NOWIII                          | FEE IS \$300.00                                                                                                  |                                       |                                   |                |                               |                                                    |                                                                  |                                                 |                                                                                  |                      | 7.193(2)(b),<br>ve the prior r     |                           |
| 10.                                                                                           | 1.15                               | OFFICERS AND                                                                                                     |                                       |                                   | 11.            |                               |                                                    | ADDITIONS                                                        | /CHAN                                           | GES TO OF                                                                        | FICERS AN            | D DIRECTOR                         | S IN 11                   |
| TITLE<br>NAME                                                                                 | MR<br>GUEORG                       | UI, GUEORGUIEV                                                                                                   | Į.                                    | □ Delete                          | TITLE          | I                             |                                                    |                                                                  |                                                 |                                                                                  |                      | Change                             | Addition                  |
| STREET ADDRESS<br>CITY-ST-ZIP                                                                 | 12001 BEI<br>LARGO, F              | LCHER RD<br>L 33773                                                                                              |                                       |                                   |                | ET ADDRESS<br>- ST - ZIP      |                                                    | марчет<br>Снареь                                                 | ىما £6<br>FL                                    | 4<br>33543                                                                       | 3                    |                                    | 1                         |
| TITLE                                                                                         |                                    | , , , , , ,                                                                                                      | C                                     | ☐ Delete                          | TITLE          | I                             |                                                    |                                                                  |                                                 |                                                                                  |                      | ☐ Change                           | Addition                  |
| NAME<br>STREET ADDRESS                                                                        |                                    |                                                                                                                  |                                       |                                   | NAME<br>STREE  | E<br>ET ADDRESS               |                                                    |                                                                  |                                                 |                                                                                  |                      |                                    |                           |
| CITY-ST-ZIP                                                                                   | · ·                                |                                                                                                                  |                                       | Delete                            | CITY-          | -ST-ZIP                       |                                                    |                                                                  |                                                 |                                                                                  |                      | ☐ Channe                           | Addition                  |
| NAME<br>STREET ADDRESS                                                                        | -                                  |                                                                                                                  | , `                                   |                                   | NAME           | E                             |                                                    | 1037<br>1037                                                     | 5 <b>0</b> 10<br>29/0                           | )() 4 S<br>S000                                                                  | 9:3:3:6<br>07:01     | -□change<br>5                      | ורו חה                    |
| CITY-ST-ZIP                                                                                   |                                    |                                                                                                                  |                                       |                                   |                | ET ADORESS<br>- ST-ZIP        |                                                    |                                                                  | <u> </u>                                        | 0 010                                                                            | <u> </u>             |                                    |                           |
| TITLE<br>NAME                                                                                 |                                    |                                                                                                                  |                                       | ☐ Delet <del>e</del>              | TITLE          | - 1                           |                                                    |                                                                  |                                                 |                                                                                  |                      | Change                             | Addition                  |
| STREET ADDRESS<br>CITY-ST-ZIP                                                                 |                                    |                                                                                                                  |                                       |                                   | STREE          | ET ADDRESS<br>- ST-ZIP        |                                                    |                                                                  |                                                 |                                                                                  |                      |                                    |                           |
| TITLE                                                                                         |                                    |                                                                                                                  |                                       | Delete                            | TITLE          |                               |                                                    |                                                                  |                                                 |                                                                                  |                      | ☐ Change                           | Addition                  |
| NAME<br>STREET ADDRESS                                                                        |                                    |                                                                                                                  |                                       |                                   | NAME<br>STREE  | E<br>Et address               |                                                    |                                                                  |                                                 |                                                                                  |                      | -                                  |                           |
| CITY-\$1-ZIP                                                                                  |                                    |                                                                                                                  |                                       |                                   | CITY-          | -ST-Z#P                       |                                                    |                                                                  |                                                 |                                                                                  |                      |                                    |                           |
| NAME                                                                                          |                                    |                                                                                                                  |                                       | ☐ Delete                          | TITLE<br>NAME  |                               |                                                    |                                                                  |                                                 |                                                                                  |                      | ☐ Change                           | ☐ Addition                |
| STREET ADDRESS<br>CITY-ST-ZIP                                                                 | [                                  |                                                                                                                  |                                       |                                   |                | ET ADDRESS<br>-ST-ZIP         |                                                    |                                                                  |                                                 |                                                                                  |                      |                                    |                           |
| 12. I hereby of indicated                                                                     | certify that the<br>on this repor  | information supplied wit<br>t or supplemental report i                                                           | h this filing does                    | not qualify for<br>ate and that m | the exer       | mption state<br>ture shall ha | ed in Sec                                          | tion 119.07(3)<br>ame legal effe                                 | (i), Florid                                     | da Statutes.                                                                     | I further ce         | rtify that the in                  | nformation<br>or director |
| of the cor<br>changed.                                                                        | poration or the<br>, or on an atta | e information supplied wit<br>t or supplemental report i<br>e receiver or trustee en c<br>chment with an address | owered to executive with all other ke | te this report<br>empowered.      | s requi        | ed by Char                    | oter 607,                                          | Florida Statut                                                   | es; and                                         | that my nan                                                                      | ne appears           | in Block 10 or                     | Block 11 if               |
| SIGNAT                                                                                        | URE: _                             | Wheory                                                                                                           | 1 12 1                                | nor.                              | <del>/</del> \ | 11                            |                                                    |                                                                  | 311                                             | <u> 5108</u>                                                                     | <u> </u>             |                                    |                           |
|                                                                                               |                                    | SIGNATURE AND TYPEOUR                                                                                            | PRINTED NAME OF 8                     | GNING OFFICER                     | OH DISCOS      | OR                            |                                                    |                                                                  | De                                              | ite                                                                              |                      | Daytime Phone ≠                    |                           |