


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000119609	
1. Corporation Name 514 Halifax Corp.	
2. Principal Office Address 518 N. Halifax Ave.	3. Mailing Office Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Daytona Beach	City & State
Zip 32118	Country Volusia

FILED

2007 JAN 16 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300084561933
CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 12-18-01	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. FEI Number 800005269		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Joseph K. Brick	
Street Address (P.O. Box Number is Not Acceptable) 1420 N. Atlantic Ave.	
Suite, Apt. #, Etc. Apt. # 1704	
City Daytona Beach	State / Zip Code FL 32118

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 *Joseph K. Brick* Date *01/11/07*
 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
P	Joseph K. Brick	1420 N. Atlantic Ave., Apt 1704	Daytona Beach, FL 32118
S	Joseph K. Brick	1420 N. Atlantic Ave., Apt 1704	Daytona Beach, FL 32118
T	Joseph K. Brick	1420 N. Atlantic Ave., Apt 1704	Daytona Beach, FL 32118

B. 1/17/08

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: *Joseph K. Brick* Date *01/11/07* Daytime Phone # *386-566-1315*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



CORPORATION SERVICE COMPANY

Agent

ACCOUNT NO. : 072100000032

REFERENCE : 712557 7459513

AUTHORIZATION :

COST LIMIT : \$ 1067.50

[Signature]

ORDER DATE : January 15, 2007

ORDER TIME : 11:50 AM

ORDER NO. : 712557-005

CUSTOMER NO: 7459513

DOMESTIC FILINGS

NAME: 514 HALIFAX CORP.

RECEIVED
07 JAN 16 AM 8:45
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds - Ext# 2933

EXAMINER'S INITIALS _____