

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P02000058992**

1. Corporation Name

**ROGER HALLIBURTON FRAMING INC.**

Principal Place of Business

Mailing Address

2020 SQUIRREL RUN  
GENEVA FL 32732

2020 SQUIRREL RUN  
GENEVA FL 32732

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/28/2002

5. FEI Number

010697881

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	HALLIBURTON, ROGER D	2020 SQUIRELL RUN	GENEVA FL 32732

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HALLIBURTON, ROGER D  
2020 SQUIRREL RUN  
GENEVA FL 32732

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

2-9-04

11. 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-21-04

Daytime Phone #

CR2E040 (7/03)

02-12-04

ROGER HALLIBURTON FRAMING, INC.

To whom it may concern,  
I, Roger Halliburton, President and Owner of Roger Halliburton Framing, Inc., did not receive notice regarding a yearly report for the said named business. Being it was my first year in business I was unaware of this procedure and had I received notice of it in the mail I would have promptly taken care of it. I now know about this and will take care of it in the years to come. I am inclosing my application for reinstatement along with the check for \$150.00. I apologize for this but had I known I would have made sure it was taken care of. I am in the process of finding an accountant to take care of these things to avoid this kind of thing in the future.

Thank you,  
Roger Halliburton