

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED
B1 82

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

WDS 000017755

05 APR 18 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000117732

1. Corporation Name

HAULMARK II CORPORATION

2. Principal Office Address

13820 Roanoke St.

3. Mailing Office Address

13820 Roanoke St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Davie, Florida

City & State

Davie, Florida

Zip

33325

Country

USA

Zip

33325

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10-31-02

5. FEI Number

11-3667443

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

ELIZABETH CAPOZZI

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

13820 Roanoke Street

Suite, Apt. #, Etc.

City

Davie

State

FL

Zip Code

33325

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

Elizabeth Capozzi

REGISTERED AGENT MUST SIGN

Date 3-28-05

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/D	ELIZABETH CAPOZZI	13820 Roanoke Street	DAVIE, FL 33325
S/D	ERMELINTA HENDRICKSON	5317 Mansford Pace	Melbourne, FL 32940

E00051349076
04/20/05--01007--016 **450.00

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 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:

Elizabeth Capozzi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-05 954-205-3202

Date

Daytime Phone #

cell

PJ 202

Elizabeth Capozzi
13820 Roanoke Street
Davie, FL 33325
954-205-3202 cell

April 15, 2005

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Attention: Tina Roberts, Document Specialist
RE: Letter Number 805A00024141

Dear Ms. Roberts:

Thank you for your letter of April 8, 2005.

I am requesting to waive the Reinstatement Fee of \$600.00 for the reason that I have not ever received the original or second notice of annual report for any of the years 2003, 2004 or 2005.

I am enclosing a check in the amount of \$450.00 to cover an annual renewal fee for 2003, 2004 and 2005.

I am also enclosing the Corporation Reinstatement papers with the necessary address and registered agent changes to make sure that in 2006 I will receive the paperwork necessary to keep my corporation active and fees paid.

I thank you, again, for your time and help. Please contact me at my above cell phone number if there is any other information that you may need from me.

Sincerely,


Elizabeth Capozzi