


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 05 FEB -2 PM 5:18  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P03000067019

1. Corporation Name  
 Half Shell Adventures, Inc.

2. Principal Office Address 831 S. Bayshore Drive		3. Mailing Office Address P.O. Box 385	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Eureka Springs, AR		City & State Garfield, AR	
Zip 72631	Country USA	Zip 72732	Country USA

**REINSTATEMENT 04-05** WOP

4. Date Incorporated or Qualified To Do Business in Florida 6/17/03

5. FEI Number 62-0695312  
 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  
 L. Lamar Gay

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

Suite, Apt. #, Etc.

City Tallahassee State FL Zip Code 32312

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 *L. Lamar Gay* Date 1-4-05  
 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/D	Terry Johnson	P.O. Box 385	Garfield, AR 72732

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)(l), 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: *L. Lamar Gay* Date 1-7-05  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/00)

2072

## HALF SHELL ADVENTURES, INC.

---

P.O. BOX 385, GARFIELD, AR 72732, 479-633-1733

January 4, 2005

To: Florida Secretary of State  
From: Half Shell Adventures, Inc.

Please reinstate our corporate status for 2004 and 2005 as it has been in default. The \$300 fee is enclosed. We did not receive Annual Report.

Thank you,



Terry Johnson