

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**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

Suite, Apt. #, etc.

City & State

Eureka Springs, AR

Zip

72631

Country

USA

3. Mailing Office Address

P.O. Box 385

Suite, Apt. #, etc.

City & State

Garfield, AR

Zip

72732

Country

USA

**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

REINSTATEMENT 04-05 WOP

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

REGISTERED AGENT MUST SIGN

Date

1-4-05

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	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)(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

1-7-05

Daytime Phone #

CR2E081 (9/00)

20x2

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,

A handwritten signature in cursive script, appearing to read "Terry Johnson", followed by a horizontal line.

Terry Johnson