2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000128541 FILED HALL ENTERPRISES OF VOLUSIA COUNTY, INC. 04 OCT 28 PM 12: 09 Mailing Address 1 Principal Place of Business SECRÉTARY OF STATE 209 N. BRIGHTON DRIVE 209 N. BRIGHTON DRIVE PORT ORANGE, FL 32127 PORT ORANGE, FL 32127 5006 SAIL 2. Principal Place of Business 3. Mailing Address Same 5006 SAIL Suite, Apt. #, etc. Suite, Apt. #, etc. 10252004 REIN-P_ ---- CR2E098 (6/04) Applied For City & State City & State 255-## 98-4921 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Wolusin Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MITCHELL, JEROME D ESQ. Street Address (P.O. Box Number is Not Acceptable) 400 S. PALMETTO AVENUE DAYTONA BEACH, FL 32114 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 corporation did not receive the prior notice. After January 1, 2005, Fee will be \$300.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Delete TITLE HALL TITLE John BArry NAME HALL, HEIDI M NAME 5006 SAIL, STREET ADDRESS 209 N. BRIGHTON DRIVE STREET ADDRESS F1. 31127 CITY-ST-ZIP CITY-ST-ZIP PORT ORANGE, FL 32127 Addition ☐ Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **[50 Addition Channe sa in ☐ Delete TITLE والمراجع المجوا NAME STREET ADDRESS Block of the STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition .. Delete TITLE TITI F पुरुष्य. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ... Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-1C 1:55 1:574 CITY-ST-ZIP 三级 星 银矿 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: