
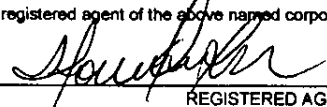



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	<div style="text-align: right;">FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="text-align: right;">11 JAN 10 PM 12:36</div> <div style="text-align: center; font-size: 1.5em; font-weight: bold;">REINSTATEMENT 2010</div> <div style="text-align: center;">800190841538 01/10/11--01061--010 **750.00</div> <div style="text-align: right;">CR2B081 (6/10)</div>	
DOCUMENT # P04000068433				
1. Corporation Name HALLONES BUILDERS, INC				
2. Principal Office Address - No P.O. Box # 37 CREEK COURT <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address 37 CREEK COURT <small>Suite, Apt. #, etc.</small>		
City & State SANTA ROSA BEACH, Florida		City & State SANTA ROSA BEACH, Florida		
Zip 32459	Country United States	Zip 32459	Country United States	
4. Date Incorporated or Qualified To Do Business in Florida 04/13/2005		5. FEI Number 200979149		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
7. Name and Address of Current Registered Agent				
Name IVONE Smith				
Street Address (P.O. Box Number is Not Acceptable) 37 CREEK COURT				
Suite, Apt. #, Etc.				
City SANTA ROSA BEACH	State FL	Zip Code 32459		
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 		Date 01/08/11		
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	IVONE PANTING	37 CREEK COURT	SANTA ROSA BEACH FLORIDA 32459	
10. E-mail Address: ispanting@hotmail.com <small>(To be used for future annual report notification)</small>				
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. I further certify, 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: 		Date 1-8-11	Daytime Phone # 850-2254537	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				