


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000168765					
1. Entity Name HALL BUILDING MAINTENANCE, INC.					
Principal Place of Business 12217 REEDPOND DRIVE E. JACKSONVILLE, FL 32223			Mailing Address 12217 REEDPOND DRIVE E. JACKSONVILLE, FL 32223		
2. Principal Place of Business - No P.O. Box # <i>12217 Reedpond Dr. E</i>		3. Mailing Address <i>SAME</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Jacksonville, FL</i>		City & State		4. FEI Number 30-0290722	
Zip <i>32224</i>		Country <i>DUVAL</i>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent HALL, WILLIE J 12217 REEDPOND DRIVE E. JACKSONVILLE, FL 32223				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$900.00</b>					
500104521135 06/15/07--01084--001 **\$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALL, WILLIE J 12217 REEDPOND DRIVE E. JACKSONVILLE, FL 32223		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HALL, DEBRA 12217 REED POND DR E JACKSONVILLE, FL 32223		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Willie J. Hall President, Willie J.</i>			6/14/07 904-268-4751		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

FILED

07 JUN 15 PM 1:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 06-07

FL

Daytime Phone #

26/15