2008 FOR PROFIT CORPORATION REINSTATEMENT

	REINSTA									
DOCUMENT # P05000097374						FILED				
1. Entity Name										
HALCYON ENTERPRISES, INC						09 JAN -7 AM 9: 5.1				
Principal Place of Business Malling Address				·····		SECRETARY DE STATÉ TALLAHASSEE, FLORIDA				
608 NICHOLAS DR. 608 NICHOLAS DR.						TALLAH	ASSEE, F	LUKIUM		
DUNEDIN, FL 34698 DUNEDIN, FL 34698										
2. Principal Place of Business - No P.O. Box # 3. Mailing Address				1						
Suite, Apt. #, etc. Suite, Apt. #, etc.				Lane		050				
					12312008	REIN-P	CRZ	E098 (1/07)		
Tarpon Springs FL City & State Tarpon Springs				FL	4. FEI Number 20-314			<u> </u>	Applicable	
Zip	Country Zip Cour			/ \$9.75 Additional						
3468				S.4. S. Continuate of Status Desired Fee Required						
6. Name and Address of Current Registered Agent Name						7. Name and Address of New Registered Agent				
SHARP, LAURIE						rurie Shan				
11477 PERKLE RD				Street Address (P.O. Box Number is Not Acceptable)						
LAKELAND, FL 33809				Taren Sprines FL 34688					288	
				City		y .	FL	T		
8. The above	named entity submits this statement for t	he purpose of changing its re	gistered	office or regis	stered agent, or bo	th, in the State		<u> </u>	and accept	
the obligations of registered agent.										
SIGNATURE Signature Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.										
10.	OFFICERS AND D	IRECTORS	11.		ADDITIONS/	CHANGES TO	OFFICERS AN	D DIRECTORS	IN 11	
TITLE	P Delate 111			1 -	P . Change Addition					
NAME	SHARP, LAURIE 608 NICHOLAS DR. STR				Shay, Lanne 1051 Kingsmay Lane					
STREET ADDRESS CITY - ST - ZIP					Tarron Sprines FL 34688					
TITLE				V	19			☐ Change	☐ Addition	
NAME					Price, Patience A.					
STREET ADDRESS CITY-ST-ZIP				ADDRESS / r-zip	Taupm Springs PL			34688		
TITLE	□ Delete TITLE				** 1 2 1	enngs	<u>, , , , , , , , , , , , , , , , , , , </u>	Change	☐ Addition	
NAME	NAI					an a ma	nomas			
STREET ADDRESS CITY-ST-ZIP				AODRESS - ZIP	200139874562 01/07/0901027008 **300,00				na l	
TITLE		☐ Delete	TITLE					☐ Change	Addition	
NAME	•		NAME		രവ	10100	10745			
STREET ADDRESS CITY-ST-ZIP				ADDRESS - Zip	s 200139874562 01/07/0901027009 **8.75			ŀ		
TITLE		☐ Delete	TITLE				· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
NAME	E NAM				DEIN	TOTA		TEN	T	
				ADDRESS REINSTATEMENT						
TITLE	<u> </u>	☐ Defete	TITLE		.	$\sim \infty$	7 ^	Change	Addition	
NAME			NAME	-	7	8-U			_	
STREET ADDRESS CITY-ST-ZIP		STREET A	l l	C	/-		•			
12. I hereby certify that the information supplied with this filling 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 by 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: 01.02.09 415.6488 BIGNATURE AND TYPED OR PRINTED NAME OFFICER OR DIRECTOR Date Date Daylime Phone 4										
									·····	