PLEASE READ ALL NSTRUCT ONS BEFORE COMPLET NG TH S FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 OCT 26 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000098103

1. Corporation Name

Haliburton Electric Incorporated

100162148831
10/26/09--01022--008 **300.00

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #
4310 Randolph way
Suite, Apt. #, etc.
138
City & State
Palm Beach Gardens, Fl
Zip 33410 Country Palm Beach

3. Mailing Office Address
4310 Randolph way
Suite, Apt. #, etc.
138
City & State
Palm Beach Gardens, Fl
Zip 33410 Country Palm Beach

4. Date Incorporated or Qualified To Do Business in Florida 7-26-06

5. FEI Number 33-1142077 Applied For ☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Alias Haliburton
Street Address (P.O. Box Number is Not Acceptable): 4310 Randolph way #138
Suite, Apt. #, Etc.: 138
City: Palm Beach Gardens State: FL Zip Code: 33410

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Alias Haliburton
REGISTERED AGENT MUST SIGN
Date 10-23-09

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
President	Alias Haliburton	4310 Randolph way #138	Palm Beach Gardens, Fl 33410

REINSTATEMENT RH

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 contained in Chapter 119, 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: Alias Haliburton 10-23-09 561-722-0933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #