

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000116106

1. Entity Name
MAX HALO PRODUCTIONS, INC.



FILED

07 OCT 11 AM 7:44

Principal Place of Business
4427 OVERLOOK DRIVE NE
ST PETERSBURG, FL 33703-4326

Mailing Address
4427 OVERLOOK DRIVE NE
ST PETERSBURG, FL 33703-4326

REINSTATEMENT 07

2. Principal Place of Business - No P.O. Box #
26341 Old Spring Lake Rd
Suite, Apt. #, etc.

3. Mailing Address
26341 Old Spring Lake Rd
Suite, Apt. #, etc.

10052007 REIN-P CR2E098 (1/07)

City & State
Brooksville FL
Zip
34602
Country
USA

City & State
Brooksville FL
Zip
34602
Country
USA

4. FEI Number
205057763
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CAIAZZO, FRANK
4427 OVERLOOK DRIVE NE
ST PETERSBURG, FL 33703-4326

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
26341 Old Spring Lake Rd.
City Brooksville FL Zip Code 34602

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: Frank Caiazzo Frank Caiazzo 10/05/07
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$300.00
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	Director	<input type="checkbox"/> Delete		TITLE	Officer	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CAIAZZO, FRANK			NAME	Jennifer M. Caiazzo		
STREET ADDRESS	500 FRANKLIN LANE NO #3111			STREET ADDRESS	26341 Old Spring Lake Rd.		
CITY-ST-ZIP	ST PETERSBURG FL 33716			CITY-ST-ZIP	Brooksville FL 34602		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: Jennifer M. Caiazzo 10/05/07 352-774900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #