

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JUL 21 PM 12:58

DOCUMENT # **P07000084438**

1. Corporation Name

HALLETT LANE PICTURES INC.

2. Principal Office Address - No P.O. Box #
563 HIDEAWAY COURT

3. Mailing Office Address
563 HIDEAWAY COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SANIBEL ISLAND, FL.

City & State
SANIBEL ISLAND, FL.

Zip Country
33957 U.S.A.

Zip Country
33957 U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida **07/25/07**

5. FEI Number
26-0639120

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CHRISTOPHER FLUDER

Street Address (P.O. Box Number is Not Acceptable)
563 HIDEAWAY COURT

Suite, Apt. #, Etc.

City
SANIBEL ISLAND, FL.

State Zip Code
FL 33957

☒ 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

Date **07/08/09**

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	CHRISTOPHER FLUDER	563 HIDEAWAY COURT	SANIBEL ISLAND, FL. 33957
V	PENELOPE HILL	563 HIDEAWAY COURT	SANIBEL ISLAND, FL. 33957
T	CHRISTOPHER FLUDER	563 HIDEAWAY COURT	SANIBEL ISLAND, FL. 33957

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:

Christopher Fluder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/08/09
Date

201-602-7839
Daytime Phone #

Certified Mail Receipt 70081830000206759604