

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P09000090810

1. Corporation Name

Halcyon, Inc

2. Principal Office Address - No P.O. Box #

1000 Indian Road

Suite, Apt. #, etc.

City & State

Palm Beach, FL

Zip

33480

Country

USA

3. Mailing Office Address

1000 Indian Road

Suite, Apt. #, etc.

City & State

Palm Beach, FL

Zip

33480

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

2004

5. FEI Number

55-0891021

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

Joseph W Luter III

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

1000 Indian Road

Suite, Apt. #, Etc.

City

Palm Beach

State

FL

Zip Code

33480

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 8-27-24

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.	Joseph W Luter III	1000 Indian Rd	Palm Beach, FL 33480

10. E-mail Address: Karinluter@jcloud.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.617.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-27-24

Daytime Phone #