

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P11000069789

**Entity Name:** WILLIAM HALLORAN INC.

**FILED**  
**Nov 23, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3985 WEST MCNAB ROAD, A305  
POMPANO BEACH, US 33069 FL

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 667938  
POMPANO BEACH, FL 33066 US

**New Mailing Address:**

**FEI Number:** 90-0750437

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HALLORAN, WILLIAM  
3985 WEST MCNAB ROAD  
A305  
POMPANO BEACH, FL 33069 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** WILLIAM HALLORAN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** HALLORAN, WILLIAM F  
**Address:** P.O. BOX 667938  
**City-St-Zip:** POMPANO BEACH, FL 33066 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** WILLIAM HALLORAN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

11/23/2012

\_\_\_\_\_  
Date