PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

981991DR

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

99 MAR 10 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000056268

1. Corporation Name
Halifax Management Company

Principal Place of Business
3836 W. Neptune Street
Tampa FL 33629-5814

Mailing Address

000000278298D--5
-02/22/99--01095--004
*****35.00 *****35.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
Same as above
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Same as above
Suite, Apt. #, etc
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida
8-6-93

5. FEI Number
59-3245685
☐ Applied For
☐ Not Applicable

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P VD	Richard H. Sessums	3836 W. Neptune St. Tampa	Tampa, FL 33629
S TD	Beth W. Sessums	3836 W. Neptune St	Tampa, FL 33629

000002802880--1
-03/11/99--01094--001
****265.00 ****265.00

3/3/10

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent
Name: T. Terrell Sessums
Street Address (P.O. Box Number is Not Acceptable): 5020 Bayshore Blvd
Suite, Apt. #, Etc: # 204
City: Tampa | State: FL | Zip Code: 33611

CR2E068 (12/98)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: T. Terrell Sessums
REGISTERED AGENT MUST SIGN
Date: 3/7/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☑ (See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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: Richard H. Sessums
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/3/99

Daytime Phone #: 813-258-8771