CAPITAL CONNECTION 850 222 1222 10/27 ...

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 OCT 29 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000068151

1. Corporation Name
Hallmark Properties, Inc.

Principal Place of Business
19235 US Highway 41N.
Lutz, Fl.
33549

Mailing Address
19235 US Highway 41N
Lutz, Fl. 33549

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

REINSTATEMENT 99

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida 9/13/94. SP

5. FEI Number
59-3300812
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED X $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
PD	Anderson, Carl 19235 US Highway 41N. Lutz, Fl.	19235 US Highway 41 N. Lutz, Fl. 33549	Lutz, Fl. 33549
S	Pritchard, Paul	19235 US Highway 41N	Lutz, Fl. 33549.

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11/03/99--01036--019
****758.75 ****758.75

8. Name and Address of Current Registered Agent
Anderson, Carl
19235 US Highway 41 North.
Lutz, Fl. 33549

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City / State FL / Zip Code

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 X Carl Anderson REGISTERED AGENT MUST SIGN
Date X 10/28/99

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: X Carl Anderson, 813-949-6251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #