PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FLORIDA DEPARTMENT OF STATE **APPLICATION** \$375. FILED 960EC | 1 PH 1:58 Sandra B. Mortham FOR Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS **DOCUMENT #** P95000017846 SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name HALTON & ADAMS, INC. Principal Place of Business Mailing Address 8540 NW C6TH STREET 8540 NW 66TH STREET MIAMI FL 33168 MIAMI FL 33168 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 03/03/1995 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 65-0563955 Not Applicable Zip \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) City / State / Zip Ρ ADAMS, ANGEL 11797 SW 90TH TERRACE MIAMI FL 33188 -01097--018 ****375.88 ****375.88 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered ADAMS, ANGEL Street Address (P.O. Box Number is Not Acceptable) 11797 SW 90TH TERRACE MIAMI FL 33188 Suite, Apt. #, Etc. 10. I, being appointed the proration, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Neglstered Agent 11. Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. 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. Hurther certify that when filling 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 accu ate, and my signature shall have the same legal effect as if made under oath.

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