

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 OCT -2 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000022120

1. Corporation Name

HALIFAX RIVER INVESTMENT INC

Principal Place of Business

Mailing Address

230 N. Beach Street
Daytona Beach FL
32174

Same

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

2. New Principal Office Address, If Applicable

1020 S.W. 46th Ave
Suite, Apt. #, etc. 106

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

City & State

Pompano Beach FL
Zip 33069 Broward

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

2128196
262-15-1987

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
1	LORETTA Y. HISHON	1020 S.W. 46th Ave #106	Pompano Beach FL 33069

REINSTATEMENT

96-97

A. Alan

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

LORETTA Y. HISHON

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

1020 S.W. 46th Ave

Suite, Apt. #, Etc.

106

City

Pompano Beach

State

FL

Zip

33069

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

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

Aug. 29, 1997

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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 of Registered Agent

Date Aug 29 97 9685446