

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 12 PM 12:16

DOCUMENT # P95000039139

1. Corporation Name

HALL 2, INC

2. Principal Office Address

6697 ANGUS LN

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MOLINO, FL

City & State

Zip

32577

Country

ESCAMBIA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5/16/95

5. FFI Number

59-3315528

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LEWIS FRANKLIN HALL

800019081388

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

6697 ANGUS LN

05/15/03--01038--002 **1050.00

Suite, Apt. #, Etc.

City

MOLINO,

State

FL

Zip Code

32577

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Lewis Franklin Hall

Date 5-12-03

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	LEWIS F HALL	6697 ANGUS LN	MOLINO, FL 32577
VP	SHERRI HALL	6697 ANGUS LN	MOLINO, FL 32577

10. 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:

Lewis F Hall

LEWIS F HALL

5-12-03

850-623-0378

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)