2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 28, 2009
Secretary of State

DOCUMENT# P95000091912

Entity Name: HALF MOON CONSULTANTS, INC.

Current Principal Place of Business:

951 SE 12 STREET
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

951 SE 12 STREET
POMPANO BEACH, FL 33060

New Mailing Address:

FEI Number: 65-0624771 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUDSON, HENRY A
951 SE 12 STREET
POMPANO BEACH, FL 33060 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: HENRY A HUDSON

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HUDSON, HENRY A.
Address: 951 S.E. 12TH STREET
City-St-Zip: POMPANO BEACH, FL

Title: VP ( ) Delete
Name: HUDSON, SUSAN
Address: 951 S.E. 12TH STREET
City-St-Zip: POMPANO BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN A HUDSON VP 10/28/2009

Electronic Signature of Signing Officer or Director — Date