

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT 26 AM 8:33

<b>DOCUMENT # P96000000088</b> 1. Entity Name <b>HALE'S RENTALS, INC.</b>					
Principal Place of Business <b>114 N 35TH ST MEXICO BEACH, FL 32410</b>			Mailing Address <b>HC 3, BOX 98900A PORT ST. JOE, FL 32456 US</b>		
2. Principal Place of Business		3. Mailing Address <b>570 E. Durfee St.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Grantsville, UT</b>		4. FEI Number <b>59-3353616</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>-84029</b>		Country <b>USA</b>		10142005 REIN-P CR2E098 (6/04)	
6. Name and Address of Current Registered Agent  <b>HALE, RONALD E ROUTE 3 114 N 35TH ST PORT ST JOE, FL 32456</b>			7. Name and Address of New Registered Agent Name <b>James B. Faison</b> Street Address (P.O. Box Number is Not Acceptable) <b>701 Nautilus Dr.</b> City <b>Port St. Joe</b> <b>FL</b> Zip Code <b>32456</b>		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <b>10-21-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2006, Fee will be \$900.00</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HALE, RONALD E ROUTE 3 114 N 35TH ST PORT ST JOE, FL 32456	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Roger Hale 570 E. Durfee St. Grantsville, UT 84029	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500060949455 10/26/05--01030--002 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>REINSTATEMENT</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Roger Hale</b>		Date <b>10/14/05</b>	
435-884-0988		Daytime Phone #			

October 14, 2005

Roger Hale  
570 E. Durfee St.  
Grantsville, UT 84029

Florida Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Barbara Mitchell,

Enclosed with this letter is a completed application for reinstatement and a new check in the amount of \$150. I have changed the registered agent to Jim Faison. I have listed myself as Director/President. You have previously received a \$150 check and application which we have not received back. Nor has this same check cleared the bank. My brother Ronald Hale, was stricken with cancer around October of 2004 and died in late May of 2005. He was the sole owner of the corporation and handled all of these types of duties routinely until he became ill. I now own the corporation by virtue of my late brother's will.

I have not located any original notice of renewal nor do I know that such was ever received. Therefore I am asking for abatement of the assessed penalties. Again, I would appreciate your understanding of these circumstances and request abatement of the penalties. I look forward to hearing from you and please let me know if you need additional information.

Very truly yours,

A handwritten signature in black ink that reads "Roger Hale". The signature is written in a cursive, flowing style.

Roger Hale