

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 MAR 29 PM 12:53

DOCUMENT # P96000063564

1. Corporation Name

Halifax Air, Inc.

2. Principal Office Address - No P.O. Box #

219 Carswell Avenue

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Holly Hill, FL

City & State

Zip

32114

Country

USA

Zip

Country

7. Name and Address of Current Registered Agent

Name

Mark W. Brown, Pers. Rep.

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

323 McIntosh Road

Suite, Apt. #, Etc.

City

Ormond Beach

State

FL

Zip Code

32174

**REINSTATEMENT 11-12**

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida 7/29/1996

5. FEI Number 593404857

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

900226554939  
03/29/12--01002--012 \*\*150.00  
900226554939  
03/29/12--01002--011 \*\*750.00

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

*Mark W. Brown*, Pers. Rep.

Date 3/23/12

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
P/S/T/D	Mark W. Brown, Pers. Rep.	323 McIntosh Rd	Ormond Beach, FL 32174

MAR 29 2012

T. CAULEY

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*Mark W. Brown*, Pers. Rep.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/12

Date

Daytime Phone #