

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1012

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

**FILED**

03 OCT 13 AM 8:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P97000017093**

1. Corporation Name

**THE HALLIDAY GROUP, INC.**

Principal Place of Business

Mailing Address

13741 N.W. 22ND STREET  
SUNRISE FL 33323

13741 N.W. 22ND STREET  
SUNRISE FL 33323

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/24/1997

5. FEI Number

65-0730165

Applied For

Not Applicable

6.

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HALLIDAY, ROSE	13741 N.W. 22ND STREET	SUNRISE FL 33323
D	HALLIDAY, CHARLES H JR.	13741 N.W. 22ND STREET	SUNRISE FL 33323
D	HEBERT, ROSE	13741 N.W. 22ND STREET	SUNRISE FL 33323

400023751414

10/13/03 01070-013 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HALLIDAY, ROSE  
13741 N.W. 22ND STREET  
SUNRISE FL 33323

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Rose Halliday*

REGISTERED AGENT MUST SIGN

Date

Oct. 9. 03

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., 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:**

*Rose Halliday*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct. 9. 03

Date

754-858-2276

Daytime Phone #

CR2040 (7/03)

Oct. 9. 03

To whom it may concern  
I did not receive any  
mail, or bill on this matter  
I have called up the office  
and they told me to write  
a letter and explain it to  
you. I only received a notice  
on Oct. 8. 03, and it was  
over due when I received it  
Document # P97000017093

Sincerely  
Walden Group Inc.  
By Rose Walden