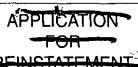
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.







FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

P97000017093 DOCUMENT

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

FILED

03 OCT 13 AM 8: 29

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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 Date Incorporated or Qualified
 To Do Business in Florida 02/24/1997 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 65-0730165 City & State City & State Not Applicable \$8.75 Additional Fee required for a Certificate of Status Zip Country Zip Country CERTIFICATE OF STATUS DESIRED 🔲

7. Names	and Street Addresses of Each Officer and/or Dire	ector (Florida nonprofit corporations must list at least 3 direct	etors)
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
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
		10	400023751414 /13/0301070013 **150:00
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9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent HALLIDAY, ROSE Street Address (P.O. Box Number is Not Acceptable) 13741 N.W. 22ND STREET Suite, Apt. #, Etc. SUNRISE FL 33323 City State 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

REGISTERED AGENT MUST SIGN

Date 10 ct 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct. 9, 63, 959-858-9276

Date Dayline Phone #

Oct. 9, 03 To whom it may concern I did not received any mail, or bill on this matter I have called up she office and they told me to write a letter and Itplain it to you I only received a notice on Oct, 8.03, and it was over due when I receveil it Document # P97000017093 Sincely____ Walleday Group Inc. By Rose Halbelay