PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT  Successory of State Division of Corporations and the State Division of Corporations and State Tall Division of Corporations and State Tall Division of Corporation and State Tall Division of Corporation of				<u> </u>	IONS BELONE	COMPL		ו פווט ד	ORIVI.		
## SECRETARY OF STATE TALLAHASSEE FLORIDA  ## SUMMANDER ACCOUNTY OF SU				Secreta	ry of State		•			7.37)	
Hallmark Decking, Inc.  2. Principal Office Address 2216 Howard Lane  2216 Howard Lane  3. Mailing Office Address 2216 Howard Lane  3. Mailing Office Address 2216 Howard Lane  3. Data Incorporated or Coultier 10 City & State  7. Name and Address of Current Registered Agent  7. Name and Address of Current Registered Agent  7. Name and Address of Current Registered Agent  8. Loeing supported the registered agent of the show named corporation, an familiar with and accept the obligations of section 607 5090 of 617,0000. F.S. State  8. Loeing supported the registered agent of the show named corporation, an familiar with and accept the obligations of section 607 5090 of 617,0000. F.S. State  8. Loeing supported the registered agent of the show named corporation, an familiar with and accept the obligations of section 607,0000 of 617,0000. F.S. State  8. Loeing supported the registered agent of the show named corporation, an familiar with and accept the obligations of section 607,0000 of 617,0000. F.S. State  8. Loeing supported the registered agent of the show named corporation, an familiar with and accept the obligations of section 607,0000 of 617,0000. F.S. State  8. Loeing supported the registered agent of the show named corporation, and familiar with and accept the obligations of section 607,0000 of 617,0000. F.S. State  8. Loeing supported the registered agent of the show named corporation and size of least of 600 of 617,0000. F.S. State  9. Names and Street Addresses of Each Officer and/of Director (Florida nonposition and size of least of 600 of 617,0000. F.S. State  9. Names and Street Addresses of Each Officer and/of Director (Florida nonposition and size of least of 617,0000. F.S. State of 600 of 617,000	DOC	IMENT#	\$070000000		·	-	_				
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30/16, Apr. 8, etc.  Surp. Apr. 8, etc.  4. Data Incorporated or Oxidited To Do Businesse in Florida.  To Do Businesse in Florida.  5/22/97  5, FEI Number of Surp. 8, etc.  7, Name and Addresse of Country USA  7, Name and Addresse of Country Registered Agent  Name  Stoven W. Vazquez  Stroot Address (P.O. Box Number is Not Addressation)  100 N. Tampa Street., Suite 2700  Sole, Apr. 8, Ex.  City  Tampa Street., Suite 2700  Sole, Apr. 8, Ex.  City  Tampa Street. (Sole)  Apr. 1, Leing seponised the registered agent of the above named corporation, an furnitar with and accept the disignations of section 607-0505 or 617-0603. F.S.  Signature of Sole Apr. 8, Ex.  City  Tampa  Name of Orders and/or Director (Rotota nonprofit corporations must list at least 3 directory)  Titles Orders and/or Director (Rotota nonprofit corporations must list at least 3 directory)  Titles Orders and/or Director (Rotota nonprofit corporations must list at least 3 directory)  Tampa, FL 33612  Oncers and/or Director or Circuit or the seasoner or must see any experiment of section 607-0505 or 617-0603. F.S.  Name of Orders and/or Director or Circuit or the seasoner or must see any experiment of section 607-0505 or 617-0603. F.S.  Name of Orders and/or Director or Circuit or the seasoner or must see any experiment of section 607-0505 or 617-0503. F.S.  Name of Orders and/or Director or Circuit or the seasoner or must see any experiment of section 607-0505 or 617-0503. F.S. Inabber contributed the seasoner or circuit or	Ha	llmark Decl	king, Inc.	·			IALLA	1 <b>A</b> 35L1	E0111071	•	
2216 Howard Lane  3uffe, Apt. 4, Etc.  Suffe, Apt. 5, etc.  Suffe, Apt. 6, etc.  City & State  Tampa, FL  Tampa, FL  Country USA  Description of Sy-3464170  Tampa, FL  7. Name and Address of Country Registered Agent  Name  Steven W. Varquez  Street Address (F.C.) Ser Number is Not Acceptable)  100 N. Tampa Street, Suite 2700  Suffe, Apt. 6, Etc.  City  Tampa  1. Losing appointed the registered agent of the above named corporation, am furnitar with and accept the obligations of section 607-0005 or \$17.0505, F.S.  Signature of Mereyander Agent  Annume and Street Addresses of Each Officer and/or Director (Florida anognofit corporations must list at least 3 directions)  Name of Original Addresses of Each Officer and/or Director (Florida anognofit corporations must list at least 3 directions)  Annume and Street Addresses of Each Officer and/or Director (Florida anognofit corporations must list at least 3 directions)  Annume and Street Addresses of Each Officer and/or Director (Florida anognofit corporations must list at least 3 directions)  Annume and Street Addresses of Each Officer and/or Director (Florida anognofit corporations must list at least 3 directions)  Annume and Street Addresses of Each Officer and/or Director (Florida anognofit corporations must list at least 3 directions)  Director of the Addresses of Each Officer and/or Director (Florida anognofit corporations must list at least 3 directions)  City State / Tampa, FL 33612  Director of the Addresses of Each Officer and/or Director (Florida anognofit corporations as provided for in chapter 607 or 617, F.S. I hardwer certify that when Sting have not been provided in the anognofity of the Corporation for the Addresses of the Addresses of Each Officer and or Original Addresses of Each Officer of the Addresses o	2. Princip	al Office Address	·····	3. Mailing Office Addra		-					
Site April 2 State Tampa, FL  City & State Tampa, FL  City & State Tampa, FL  City & State Tampa, FL  Country USA  Tampa, FL  Tampa, FL  Country USA  Tampa, FL  Tampa, FL  Tampa, FL  Country USA  Tampa  To Name and Addresse of Current Registered Agent  Stock Address (FO. Box Number is Not Acceptable)  Stock Address (FO. Box Number is Not Acceptable)  100 N. Tampa  Street, Sultre 2700  Sult, Aot 4, Etc.  City  Tampa  Sultre Country USA  Libert Country USA  Singular City  Tampa  Street, Sultre 2700  Sult, Aot 6, Etc.  City  Tampa  Sultre Country USA  Street Addresses of Each Officer and/or Disease of Each Officer and Officer and/or Disease of Each Officer and/or Disease of Each Officer and/or Disease of Each Officer	2216	6 Howard La	ane	2216 Howard Lane		REIN	ATR	TEM	ent.	<b>3.</b> 1 ~	
City a State  Tampa, FL  City a State  Tampa, FL  Country  Display  Country	Sulte, Apt.	#, etc.							B B GETTS		
The state of the registered agent of the above named corporation, am termillar with and accept the obligations of section 607.0505 or 517.0003. F.S. Signature of Registered Agent Discovery and for Directors Officer and/or Directors Officer Direc	City & State			City & State		To Do					
7. Name and Address of Current Registand Agent  7. Name and Address of Current Registand Agent  7. Name and Address of Current Registand Agent  Staven W. Vazquez  Stroot Address (P.O. Box Number is Not Acceptable)  100 N. Tampa Street, Suite 2700  Suite, Apt 4, Etc.  Chy  Tampa  6. 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  ARGESTERE/AGENT MUST SIGN  9. Numes and Street Addresses of Each Officer and/or Director (Florida nosprofit corporations must list at least 3 directors)  Titles  Oncers and/or Directors  Oncers and/or Directors  Oncers and/or Directors  On Arno1d Th1essen  2216 Howard Lane  Tampa, FL 33612  O. I contily that I am an officer or director or the receiver or numbes empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that where filing the remaindance of application, the reason for dissolution has been paid and the names of individuals state on the form do not qualify for an exemption under section 119,07(3)(8, F.S. The information indicated on the implication is to a empower, and my squarure shall have the corporate name salisfies the requirements of section 119,07(3)(8, F.S. The information indicated on the tom do not qualify for an exemption under section 119,07(3)(8, F.S. The information indicated on the incertific that the corporation of the path of the corp				Tampa, FL				170			
Name Steven W. Vazquez Stroot Address (P.O. Box Number is Not Acceptable) 100 N. Tampa Street, Suite 2700 Suite, Apr #, Etc.  City Tampa 8. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.  Signature of Agent Addresses of Each Officer and/or Director (Florida nonprofit corporations must fast at least 3 directors)  7. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must fast at least 3 directors)  7. Name of Officer and/or Director (Florida nonprofit corporations must fast at least 3 directors)  7. Titles Officer and/or Director (Florida nonprofit corporations must fast at least 3 directors)  7. Titles Officer and/or Director (Florida nonprofit corporations must fast at least 3 directors)  7. Titles Officer and/or Director (Florida nonprofit corporations must fast at least 3 directors)  7. Titles Officer and/or Director (Florida nonprofit corporations must fast at least 3 directors)  8. Name of Officer and/or Director (Florida nonprofit corporations)  8. Name of Officer and/or Director (Florida nonprofit corporations)  8. Name of Officer and/or Director (Florida nonprofit corporations)  8. Name of Officer and/or Director (Florida nonprofit corporations)  8. Name of Officer and/or Director (Florida nonprofit corporations)  8. Name of Officer and/or Director (Florida nonprofit corporations)  8. Name of Officer and/or Director (Florida nonprofit corporations)  8. Name of Officer and/or Director (Florida nonprofit corporations)  8. Name of Officer and/or Director (Florida nonprofit corporations)  8. Name of Officer and/or Director (Florida nonprofit corporations)  8. Name of Officer and/or Director (Florida nonprofit corporations)  8. Name of Officer and/or Director (Florida nonprofit corporations)  9. Name of Officer and/or Director (Florida nonprofit corporations)  9. Name of Officer and/or Director (Florida nonprofit corporations)  9. Name of Officer and/or Director (F	336	512 Co.	USA	Zip 33612	Country USA	6.			\$8.75 Additi	onal Fee required	
Steven W. Vazquez  Stroot Address (P.O. Box Number is Not Acceptable)  100 N. Tampa Street, Suite 2700  Suite, Apt #, Etc.  City  Tampa  8. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503. F.S.  Signature of Registered Agent  Pagestreney/Agent Must ston  Registered Agent  Name of Officers and/or Director (Rorda nonprofit corporations must list at least 3 directors)  Titles  Officers and/or Directors  Street Addresses of Each Officer and/or Director (Rorda nonprofit corporations must list at least 3 directors)  Titles  Officers and/or Directors  Street Addresses of Each Officers and/or Directors  Tampa, FL 33612  D. Arnold Thiessen  2216 Howard Lane  Tampa, FL 33612  O. I certify that i am an officer or director or tha receiver or nurses empowered to execute this application as provided for in chapter 607 or 617. F.S. I further certify that when filing this intrinstrument application, the reason for desolution has been eliminated, the corporate name salisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees used by the corporation may appear and of the names of individuals listed on this term do not qualify for an exemption under section 119.07(3)(9). F.S. The information indicated on this application is true and application is true and application in the section 119.07(3)(9). F.S. The information indicated on this application is true and application in the section 119.07(3)(9). F.S. The information indicated on this application is true and application in true and application of the section 119.07(3)(9). F.S. The information indicated on this application is true and application in true and application of the section 119.07(3)(9). F.S. The information indicated on this application is true and application in true and application of the section 119.07(3)(9). F.S. The information indicated on this application is true and application in true and application in the section 119.07(3)(9). F.S. The inf		Name		7. Name and A	ddress of Current Registr	ered Agent		;			
Name of Officers and/or Directors  Directors  Arnold Thiessen  2216 Howard Lane  Tampa, FL 33612  O, 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 salisfies the requirements of section 607.0401 or 617,0401, F.S., that all fees on this application is true and page 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 page page, and my signature shall have the same legal effect as if made under outh.  SIGNATURE:  Arnold Thiessen  2/17/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIER OR DIRECTOR  Date  Caytime Prione #	Signature of	Suite, Apr. #, Etc City Tamp appointed the regis	a tered agent of the abov	e named corporation, am to	amillar with and accept the o	obligations of se	FL ection 807.05	05 or 617.0	33602 503, F.S.		
Name of Officers and/or Directors  Directors  Arnold Thiessen  2216 Howard Lane  Tampa, FL 33612  O, 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 salisfies the requirements of section 607.0401 or 617,0401, F.S., that all fees on this application is true and page 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 page page, and my signature shall have the same legal effect as if made under outh.  SIGNATURE:  Arnold Thiessen  2/17/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIER OR DIRECTOR  Date  Caytime Prione #	9. Namea	and Street Address	es of Each Officer and/	or Director (Florida nonprof	it corporations must list at le	sast 3 directors)					
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owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 607.0401 or 617.0401, F.S., that all fees on this application is true and acceptant, and my signature shall have the same legal effect as if made under oath.  SIGNATURE:  Arnold Thiesen  2/17/04  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Caytime Phone #	D	Arnold Th	1essen	2216	Howard Lane		Tamp	a, FL	33612		
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		SIGNATU	RE AND TYPED OR PRINT					~ च	Daytime Phone #		



## Florida Department of State

Division of Corporations
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## **CORPORATION REINSTATEMENT**

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