

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

06 SEP 29 PM 2:37

DOCUMENT # P97000048010

1. Corporation Name

Hallmark Decking Inc.

2. Principal Office Address

14532 Knollridge Dr  
Suite, Apt. #, etc.

3. Mailing Office Address

14532 Knollridge Dr  
Suite, Apt. #, etc.

City & State

Tampa Florida

City & State

Tampa Florida

Zip

33625

Country

U.S.A.

Zip

33625

Country

U.S.A.

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

May 22, 1997

5. FEI Number

59-3464170

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Arnold Thiessen

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

14532 Knollridge Dr

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33625-3339

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

[Signature]

Date Sep. 28, 2006

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
<u>P</u>	<u>Arnold Thiessen</u>	<u>14532 Knollridge Dr</u>	<u>Tampa FL 33625-3339</u>
<u>S</u>	<u>Tammie Traver</u>	<u>14532 Knollridge Dr</u>	<u>Tampa FL 33625-3339</u>

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10. 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 contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arnold Thiessen

9-28-06 813-477-0936

Date

Daytime Phone #

To whom it may concern:

I Arnold Thiessen did not receive a notice to dissolve because my address  
Has been at 14532 Knoll ridge dr Tampa,FL 33625 for approx. 2.5 yrs  
Please waive the \$600.00 reinstatement fee.

Thank You, Arnold Thiessen

A handwritten signature in black ink, appearing to read 'Arnold Thiessen', is written over a horizontal line.