PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 SEP 28 AM 10:14

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09/28/05--01057--007 **1650.00

DOCUMENT # P97000061062

REINSTATEMENT 9905

1. Corporation Name
Hallie Limited, Inc.

2. Principal Office Address	3. Mailing Office Address
31087 Cortez Blvd.	31087 Cortez Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Brooksville FL	City & State: Brooksville FL
Zip: 34602 Country: USA	Zip: 34602 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 7/14/1997

5. FEI Number: 59-3466830 ☐ 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: Robert Speciale

Street Address (P.O. Box Number is Not Acceptable): 31087 Cortez Blvd.

Suite, Apt. #, Etc.:

City: Brooksville State: FL Zip Code: 34602

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: Robert Speciale — REGISTERED AGENT MUST SIGN Date: 92305

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	Richard Hudson	25278 Olympia Rd.	Brooksville, FL 34601
V	Robert Speciale	31087 Cortez Blvd.	Brooksville, FL 34601
S	Cecil T. Salmon	31087 Cortez Blvd.	Brooksville, FL 34601
T	Shannon Hudson	25278 Olympia Rd.	Brooksville, FL 34601

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 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: Robert Speciale 92305 352-799-2668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B. Mitchell SEP 29 2005