

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 MAY -5 A 9 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500180418435
05/05/10--01046--007 **450.00

CR2E081 (4/10)

DOCUMENT # P97000061062

1. Corporation Name

HALLIE LIMITED, INC.

2. Principal Office Address - No P.O. Box #

31087 CORTEZ BLVD.

Suite, Apt. #, etc.

3. Mailing Office Address

6375 WINDMERE ROAD

Suite, Apt. #, etc.

City & State

BROOKSVILLE, FL

Zip

34602

Country

U.S.A.

City & State

BROOKSVILLE, FL

Zip

34602

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

07/14/1997

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

SPECIALE, ROBERT

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

6375 WINDMERE ROAD

Suite, Apt. #, Etc.

City

BROOKSVILLE

State

FL

Zip Code

34602

PROFIT CORPORATIONS ONLY

☒ The \$600.00 reinstatement fee is imposed,
except in circumstances which the entity did
not receive the prior notices. By checking
this box, you are certifying the prior
notices were not received and requesting
the reinstatement fee be waived.

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 APRIL 30, 2010

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	HUDSON, RICHARD	25278 OLYMPIA ROAD	BROOKSVILLE, FL 34601
V	SPECIALE, ROBERT	6375 WINDMERE ROAD	BROOKSVILLE, FL 34602
S	SALMON, CECIL T	6375 WINDMERE ROAD	BROOKSVILLE, FL 34602
T	HUDSON, SHANNON	25278 OLYMPIA ROAD	BROOKSVILLE, FL 34601

REINSTATEMENT 08-10

10. E-mail Address: heatherS@dreamtimetours.com

(To be used for future annual report notification)

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. I further certify, 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* ROBERT SPECIALE

04/30/2010

352-799-2668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #