	PLEASE READ	ALL INS	TRUCTIONS	BEFORE C	OMPLET	ING THIS FORM	
	PLICATION FOR ISTATEMENT		A DEPARTMEN Glenda E. Ho Secretary of S IVISION OF CORPOR	ood tate	, granti Liza	ILED	
DOCUMENT # P97000077538 1. Corporation Name					03 OCT 13 PM 12: 24		
G. L. I	HALL, INC.		SECRE TALLAH		MRY OF STATE ASSEE, FLORIDA		
Principal Place of Business Mailing Address							
	LLE FL 34601	: Ro E FL 34601					
	DAFFODIL DR	ah inaaat i	afarmetian and maker	agreetion balou			
2. New P	addresses are incorrect in any way, line the rincipal Office Address, If Applicable 30 Daffod: Drive	ing Office Address, If Applicable Daffodil Drive		Date Incorp To Do Busin	orated or Qualified ness in Florida)/08/1997	
Suite, Apt. #, etc. Suite, Apt. #, Cityn State Cityn State					5. FEI Number Applied For		
Prooks ville 1. throok			SVIIIE F1. 6.		I	59-3467030 Not Applicable \$8.75 Additional Fee require	
Zip 340		Zip 346		<u></u>	<u> </u>	E OF STATUS DESIRED L	for a Certificate of Status
	and Street Addresses of Each Officer and Name of Officers	Street Address of Each			Cit. (C	A-1- (7)-	
Title(s)	2 and/or Directors		3 Officer and/or Director			City / State / Zip	
ST	HALL, BARBARA	7103 MITCHELL AD 1130 Daffodil Dr.			BROOKSVILLE FL 3460	1 	
Р	HALL, GORDON L	7193 MITCHELL RD. 7130 Daffodil Dr.			BROOKSVILLE FL 3460	1	
VP	SMELKO, ALAN	15010 VICKI LANE		BROOKSVILLE FL 34613			
_				00) 10/13/		0023748660 03-01059005 **150.00	
							# # # # # # # # # # # # # # # # # # #
	8. Name and Address of Current	ent	9. Name and Address of New Registered Agent				
HALL, BARBARA 9208 GROVE RD				Street Address (P.O. Box Number is Not Acceptable) 7130 DAFFODÍL DR.			
(KSVILLE FL 34601			Suite, Apt. #, Etc.		401) 6	

10. 1, 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.

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.

City B POCKSUI LLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

State Zip Code FL 34601

Fee required of Status

To Whom it may Concern, We never received this form in the mail until 10/9/03 and it was sent to the wrong address, and the people who received it Called her and said they had a piece of mail that wasn't their's. I have a feeling the mail may have also your to 7193 mitchell Re, where we haven't been for over 2 years. Der our phone Conversation I am sending this in with our \$150.00 Scheck, and the explanation for this not being taken Care of sooner. Land Porry for any Enconnenience. Sincerely Sala AJell