

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 11 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000086521

1. Corporation Name

HL Hall Benefit Administrators,
Inc.

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

861 W. Morse Blvd

Suite, Apt. #, etc.

#225

City & State

Winter Park, FL

Zip

32789

Country

Orange

3. Mailing Office Address

861 W. Morse

Suite, Apt. #, etc.

#225

City & State

Winter Park, FL

Zip

32789

Country

Orange

800163544198
12/11/09--01043--003 **300.00

REINSTATEMENT 08-09

4. Date Incorporated or Qualified
To Do Business in Florida

10/6/1997

5. FEI Number

593473787

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

Herbert L Hall

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

861 W. Morse Blvd #275

Suite, Apt. #, Etc.

#275

City

Winter Park

State

FL

Zip Code

32789

☒ The 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

REGISTERED AGENT MUST SIGN

Date 12/9/09

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
PD	Herbert L Hall	861 W. Morse Blvd #275	Winter Park, FL 32789

10. E-mail Address: hhall@hlhall.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, and 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:

Herbert L. Hall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/9/09 407-740-7492

Date

Daytime Phone #