

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 SEP 18 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P 97000108555*

1. Corporation Name

HALL OF FAME, INC.

600007902326--7
-09/20/02--01077--004
***1200.00 ***1200.00

2. Principal Office Address

650-01 ROYAL PALM BEACH BLVD

Suite, Apt. #, etc.

City & State

ROYAL PALM BEACH, FL

Zip

33411

Country

USA

3. Mailing Office Address

650-01 ROYAL PALM BEACH BLVD.

Suite, Apt. #, etc.

City & State

ROYAL PALM BEACH, FL

Zip

33411

Country

USA

REINSTATEMENT *1999-2002*

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/29/97

5. FEI Number

65-0801553

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

CHRISTOPHER SANTAMARIA, ESQ.

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

505 ROYAL PALM BEACH BLVD.

Suite, Apt. #, Etc.

City

ROYAL PALM BEACH

State
FL

Zip Code
33411

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]

REGISTERED AGENT MUST SIGN

Date *9/9/02*

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
<i>P/D</i>	<i>DONALD J. PASCALI</i>	<i>15848 86TH RD. N.</i>	<i>LOXAHATCHEE, FL 33470</i>
<i>S/T/D</i>	<i>JESS R. SANTAMARIA</i>	<i>675 ROYAL PALM BEACH BLVD.</i>	<i>ROYAL PALM BEACH, FL 33411</i>
<i>V/D</i>	<i>ROBERT D. JONES</i>	<i>590 ROYAL PALM BEACH BLVD.</i>	<i>ROYAL PALM BEACH, FL 33411</i>

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-11-02

Date

561-753-9870

Daytime Phone #

CR2E081 (9/01)