

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000021320

1. Corporation Name

HALMAR CORPORATION

Principal Place of Business

14717 85TH ROAD NORTH
LOXAHATCHEE FL 33470

Mailing Address

14717 85TH ROAD NORTH
LOXAHATCHEE FL 33470

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/06/1998

5. FEI Number

650816880

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 - A fee of \$8.75 is required
for a Certificate of Status.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	ANDERSON, HOLLY M	14717 85TH ROAD NORTH	LOXAHATCHEE FL 33470
SVD	ANDERSON, MARTIN J	14717 85TH ROAD NORTH	LOXAHATCHEE FL 33470

000003029830--1
11/01/99-01005-011
TS***750.00 ****750.00

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

Loxahatchee

FL

33470

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Martin Anderson
REGISTERED AGENT MUST SIGN

Date 10-20-99

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Martin Anderson 10-20-99 800 330 2874

FILED

99 OCT 20 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR25X40 (9/99)