

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 19 AM 10:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000073973**

1. Corporation Name

**HALMEN ASSOCIATES, INC.**

Principal Place of Business

MIDWEST TITLE BUILDING, SUITE B  
3936 TAMiami TRAIL NORTH  
NAPLES FL 34103

Mailing Address

MIDWEST TITLE BUILDING, SUITE B  
3936 TAMiami TRAIL NORTH  
NAPLES FL 34103

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country



REINSTATEMENT

03

4. Date Incorporated or Qualified  
To Do Business in Florida

08/18/1999

5. FEI Number

59-3600468

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee 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
D	SMITH, LISA A	3936 TAMiami TRAIL NORTH, SUITE	NAPLES FL 34103

500024856755  
11/13/03--01045--012 \*\*750.00

8. Name and Address of Current Registered Agent

VOGEL, JAMES D  
3936 TAMiami TRAIL NORTH, SUITE B  
NAPLES FL 34103

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11-14-03

11. I certify that I am an officer or director of 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:

*Lisa A. Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LISA Smith

Date

Daytime Phone #

11/2/03 952-471-0325

CR2E040 (7/03)