

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000081007

1. Corporation Name  
Hall Machine, Inc.

2. Principal Office Address - No P.O. Box #  
904 Smith Bay Drive

Suite, Apt. #, etc.

City & State  
Brandon, FL 33510

Zip Country  
33510 USA

3. Mailing Office Address  
904 Smith Bay Drive

Suite, Apt. #, etc.

City & State  
Brandon, FL 33510

Zip Country  
33510 USA

**7. Name and Address of Current Registered Agent**

Name  
Karen Hall

Street Address (P.O. Box Number is Not Acceptable)  
904 Smith Bay Drive

Suite, Apt. #, Etc.

City State Zip Code  
Brandon FL 33510

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 Karen E. Hall  
REGISTERED AGENT MUST SIGN

Date March 17, 2007

**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
P	Karen E. Hall	904 Smith Bay Drive	Brandon, FL 33510
V	Terry E. Hall	904 Smith Bay Drive	Brandon, FL 33510

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 contained in Chapter 119, 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: Karen E. Hall - KAREN E. HALL  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/07 813-689-4851  
Date Daytime Phone #

FILED

07 MAR 22 AM 9:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600095809646  
04/04/07--01045--006 \*\*450.00

REINSTATEMENT 05-07  
CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida 09/07/1999

5. FEI Number 59-3597984  
Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

☒ 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.

203/28