PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 MAY 13 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S05144

1. Corporation Name
Hallie Inc.

W98-10020

Principal Place of Business
12257 SW 129th Ct
Miami 33186

Mailing Address
Same.

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

4. Date Incorporated or Qualified To Do Business in Florida
10-5-90

5. FEI Number
65-0241629
☐ 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P-T	DRESNICK Jimmie	12257 SW 129th Ct	Miami FL
			500002530725--2 -05/20/98--01107--003
			***1050.00 ***1050.00
		REINSTATEMENT	96.75
			TS 5/15

8. Name and Address of Current Registered Agent
Bohrer Sanford
2601 S Bayshore Dr.
Room 1131
Miami 33131

9. Name and Address of New Registered Agent
Name: Jimmie Dresnick
Street Address (P.O. Box Number is Not Acceptable): 12257 SW 129th Ct.
Suite, Apt. #, Etc.:
City: Miami State: FL Zip Code: 33186

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: [signature] REGISTERED AGENT MUST SIGN
Date: 4/30/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐ (See other side for information on Intangible tax.)

12. 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] 4/30/98 (305)233-0510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #