2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# S98388

Entity Name: HALLEY ENTERPRISES, INC.

FILED Dec 03, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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20500 NW 65 TH AVE 6950 NW 210 TH STREET MCINTOSH, FL 32664 US 6950 NW 210 TH STREET MCINTOSH, FL 32664 US

Current Mailing Address: New Mailing Address:

P.O. BOX 739 MCINTOSH, FL 32664

FEI Number: 59-3096494 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BAZEMORE, JOHN L
20500 NW 65 AVE
MCINTOSH, FL 32664 US
BAZEMORE, JOHN L
6950 NW 210TH STREET
MCINTOSH, FL 32664 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: J.L. BAZEMORE 12/03/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: BAZEMORE, JOHN L. PD (X) Change () Addition Name: BAZEMORE, JOHN L.

Address: 20500 N.W. 65 AVENUE Address: 6950 NW 210TH STREET

City-St-Zip: MCINTOSH, FL City-St-Zip: MCINTOSH, FL

Title: VP () Delete Title: () Change () Addition

 Name:
 WILLIAM D BAZEMORE
 Name:

 Address:
 20500 NW 65TH AVE
 Address:

 City-St-Zip:
 MCINTOSH, FL 32664
 City-St-Zip:

Title: S () Delete Title: () Change () Addition

 Name:
 BAZEMORE, PATRICIA E
 Name:

 Address:
 20500 N.W. 65 AVENUE
 Address:

 City-St-Zip:
 MCINTOSH, FL 32664
 City-St-Zip:

Title: V () Delete Title: () Change () Addition

 Name:
 BAZEMORE, TRACY L
 Name:

 Address:
 20500 NW 65TH AVE
 Address:

 City-St-Zip:
 MCINTOSH, FL 32664
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J.L. BAZEMORE PRES 12/03/2009