

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR 27 AM 11:09

DOCUMENT # **K 49814**

1. Corporation Name

OHIO INVESTMENT CORPORATION, INC

400015751704
04/11/03--01037--035 **2531.25

2. Principal Office Address

PO BOX 19902

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 19902

Suite, Apt. #, etc.

City & State

RENO, NV 89511

Zip

89511

Country

USA

City & State

RENO, NV 89511

Zip

89511

Country

USA

REINSTATEMENT 90-03

4. Date Incorporated or Qualified
To Do Business in Florida

12/7/1988

5. FEI Number

65-0095810

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

FLORIDA INCORPORATORS, INC

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

8875 HIDDEN RIVER PARKWAY, SUITE 300

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33637-2087

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

Mark Hankins, President

REGISTERED AGENT MUST SIGN

Date **3/25/03**

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
D/P	JAMES A. GARNER	14560 SUNDANCE DR	RENO, NV 89511

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 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

President

Date

3/18/03

Daytime Phone #

775-851-1989

CR2E081 (10/02)