

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Kathleen Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 APR -4 PM 4:00

DOCUMENT # P00000041771

1. Corporation Name

H1BResources Inc.

2. Principal Office Address

9432 Baymeadows Road

Suite, Apt. #, etc.

Suite 120

City & State

Jacksonville FL

Zip

32256

Country

USA

3. Mailing Office Address

9432 Baymeadows Road

Suite, Apt. #, etc.

Suite 120

City & State

Jacksonville FL

Zip

32256

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

4/25/2000

5. FEI Number

59-3646621

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

Kishore Somanathan

400005326764-3

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

9432 Baymeadows Road

-04/23/02-01061-023

\*\*\*\*300.00 \*\*\*\*300.00

Suite, Apt. #, Etc.

Suite 120

City

Jacksonville

State

FL

Zip Code

32256

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

*Kishore*

REGISTERED AGENT MUST SIGN

Date

04/02/02

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	Kishore Somanathan	163 Antigua Way	Ponte Vedra / FL / 32082
D	Surya Manepalli	7806 Chipwood Lane	Jacksonville / FL / 32256

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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

*Kishore*

Date

04/02/02 904730-3030.

Daytime Phone #

CR2E081 (9/01)