

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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06 OCT 19 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P05000059096</u>			
1. Corporation Name <u>02 HR TIL, INC.</u>			
2. Principal Office Address <u>5050 WEST LEMON ST.</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>5050 WEST LEMON ST</u> Suite, Apt. #, etc.	
City & State <u>TAMPA FLORIDA</u>		City & State <u>TAMPA FLORIDA</u>	
Zip <u>33609</u>	Country <u>USA</u>	Zip <u>33609</u>	Country <u>USA</u>

4. Date incorporated or Qualified To Do Business in Florida <u>4-21-2005</u>	5. FEI Number ☐ Applied For ☐ Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☒ 607.0505 and 617.0503, F.S.	

7. Name and Address of Current Registered Agent		
Name <u>CT Corporation System</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>11200 South Pine Island Road</u>		
Suite, Apt. #, Etc.		
City <u>Plantation</u>	State <u>FL</u>	Zip Code <u>33324</u>

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 <u>Carol Record</u>		Date <u>10/18/06</u>	
REGISTERED AGENT MUST SIGN AND PRINT NAME			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	<u>Thomas Bean</u>	<u>5050 West Lemon Street</u>	<u>TAMPA FL 33609</u>
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 118, 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: <u>Thomas Bean</u>		Date <u>10-18-2006</u>	Daytime Phone # <u>813-444-3884</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

Thomas Bean
President

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Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT

O2 HR III, INC.

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