1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 OCT 19 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000059059

1. Corporation Name

02 HR IV, Inc

2. Principal Office Address	3. Mailing Office Address
5050 West Lemon Street	5050 West Lemon Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa Florida	City & State: Tampa Florida
Zip: 33609 Country: USA	Zip: 33609 Country: USA

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida: 4-21-2005

5. FEI Number: ☑ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

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: Carol Record Carol Record Assistant Secretary Date: 10/18/06

REGISTERED AGENT MUST SIGN

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
PRES	Thomas Bean	5050 West Lemon Street	Tampa FL 33609

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 119, 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] 10-18-2006 813-494-8884

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

THOMAS BEAN, PRESIDENT

FL019 - 01/04/2006 CT System Online

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Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

O2 HR IV, INC.

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