PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	04 AUG 6 PM 2:47

DOCUMENT # P99000015996

1. Corporation Name

R. L. H. Advisory, Inc.

200040222712
08/16/04--01071--029 **900.00

2. Principal Office Address	**3.** Mailing Office Address
138 S State Road 415	138 S. State Road 415
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
New Smyrna Beach FL	New Smyrna Beach FL
Zip 32168	Country USA	Zip 32168	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 2/18/99

5. FEI Number 59-3559773   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 Robert L. Hart

Street Address (P.O. Box Number is Not Acceptable)
138 S. State Road 415

Suite, Apt. #, Etc.

City New Smyrna Beach | State FL | Zip Code 32168

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 _Robert L. Hart_   Date _8/5/04_

REGISTERED AGENT MUST SIGN

CR2E081 (8/01)

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	Robert L. Hart	138 S. State Road 415	New Smyrna Beach FL 32168
		03-04	

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: _Robert L. Hart_   _8/5/04_

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