

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED

02 MAY -1 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100005694451--4

-06/06/02--01035--021

****158.75 ****158.75

DOCUMENT # 431785

1. Corporation Name

THE 815 CORP.

2. Principal Office Address

c/o Nelson Smith
131 SE 9th Street

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Hallandale

City & State

same

Zip

33009

Country

Fla

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/30/95

5. FEI Number

591654965

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

Nelson E. Smith

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

131 SE 9th Street

Suite, Apt. #, Etc.

City

Hallandale

State

FL

Zip Code

33009

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

REGISTERED AGENT MUST SIGN

Date

20 Mar 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
VPS	Nelson Smith	131 SE 9th Street	Hallandale, FL 33009

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)(l), 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

Date

20 Mar 02

Daytime Phone #

(954) 458-5909

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000066245

FILED
May 01, 2002 8:00 AM
Secretary of State

Entity Name: DHI SOLUTIONS, INC.

Current Principal Place of Business:

BOX 252
13300-56 SOUTH CLEVELAND AVE.
FT. MYERS, FL 33907

New Principal Place of Business:

15148 WILES DRIVE
CAPTIVA, FL 33924

Current Mailing Address:

BOX 252
13300-56 SOUTH CLEVELAND AVE.
FT. MYERS, FL 33907

New Mailing Address:

FEI Number: 65-1024521

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEDLEY, HUGH W
15148 WILES DRIVE
CAPTIVA, FL 33924

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DEFALCO, ROBERT
Address: 305 LINCOLN DRIVE
City-St-Zip: VOORHEES, NJ 08043 US

Title: PTSD () Delete
Name: HEDLEY, HUGH W
Address: 15148 WILES DRIVE
City-St-Zip: CAPTIVA, FL 33924 US

Title: D () Delete
Name: HEDLEY, HALE E
Address: 15148 WILES DRIVE
City-St-Zip: CAPTIVA, FL 33924 US

Title: D (X) Delete
Name: HEDLEY, TALITHA M
Address: 15148 WILES DRIVE
City-St-Zip: CAPTIVA, FL 33924 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HUGH W. HEDLEY

PTSD

05/01/2002

Electronic Signature of Signing Officer or Director

_____ Date