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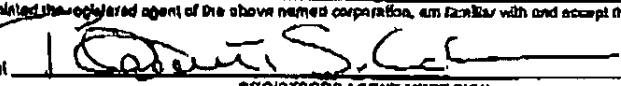
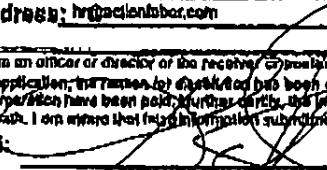
No. 7476 P. 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

| <b>CORPORATION<br/>REINSTATEMENT</b><br><b>2010-2014</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |  <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Secretary of State</b><br><b>DIVISION OF CORPORATIONS</b> |                           | <b>CR20001 (11/10)</b>                                                                                                                                                                                                                             |  |             |                                 |                                                |                    |      |              |                     |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>DOCUMENT #</b> F00000006671<br><b>1. Corporation Name</b><br><h1>Karen A. Hoover, Inc.</h1>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |                                                                                                                                                                                      |                           |                                                                                                                                                                                                                                                    |  |             |                                 |                                                |                    |      |              |                     |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>2. Principal Office Address - No P.O. Box</b><br>624 Nottingham Blvd<br>Suite, Apt. #, etc.<br>City & State<br>West Palm Beach, FL<br>Zip<br>33409<br>Country<br>USA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 | <b>3. Mailing Office Address</b><br>624 Nottingham Blvd<br>Suite, Apt. #, etc.<br>City & State<br>West Palm Beach, FL<br>Zip<br>33409<br>Country<br>USA                              |                           | <b>4. Date Incorporated or Changed To Do Business in Florida</b><br>12/01/2000<br><b>5. FEI Number</b><br>880472272<br><b>6. CERTIFICATE OF STATUS DESIRED</b> <table border="1"> <tr> <td>Applied For</td> <td>Not Applicable</td> </tr> </table> |  | Applied For | Not Applicable                  |                                                |                    |      |              |                     |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Applied For                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Not Applicable                  |                                                                                                                                                                                      |                           |                                                                                                                                                                                                                                                    |  |             |                                 |                                                |                    |      |              |                     |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>7. Name and Address of Current Registered Agent</b><br>Name<br>COHN, BENNETT<br>Street Address (P.O. Box Number is Not Acceptable)<br>1806 OLD OKEECHOBEE ROAD<br>Suite, Apt. #, etc.<br>City<br>WEST PALM BEACH<br>State<br>FL<br>Zip Code<br>33409                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                                                                                                                                                                                      |                           | <b>400255089424</b><br>12/30/13--01027--001 **160.00                                                                                                                                                                                               |  |             |                                 |                                                |                    |      |              |                     |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0605, F.S.</b><br>Signature of Registered Agent  Date <u>12-26-13</u><br><b>REGISTERED AGENT MUST SIGN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                                                                                                                                                                                      |                           |                                                                                                                                                                                                                                                    |  |             |                                 |                                                |                    |      |              |                     |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b> <table border="1"> <thead> <tr> <th>Title</th> <th>Name of Officer and/or Director</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>PRES</td> <td>KAREN HOOVER</td> <td>624 Nottingham Blvd</td> <td>West Palm Beach, FL 33409</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>                                                                                                                                                                                                                                                                    |                                 |                                                                                                                                                                                      |                           |                                                                                                                                                                                                                                                    |  | Title       | Name of Officer and/or Director | Street Address of Each Officer and/or Director | City / State / Zip | PRES | KAREN HOOVER | 624 Nottingham Blvd | West Palm Beach, FL 33409 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Name of Officer and/or Director | Street Address of Each Officer and/or Director                                                                                                                                       | City / State / Zip        |                                                                                                                                                                                                                                                    |  |             |                                 |                                                |                    |      |              |                     |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PRES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | KAREN HOOVER                    | 624 Nottingham Blvd                                                                                                                                                                  | West Palm Beach, FL 33409 |                                                                                                                                                                                                                                                    |  |             |                                 |                                                |                    |      |              |                     |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>10. E-mail Address:</b> hr@actionlabor.com<br><small>(to be used for future annual report notifications)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                                                                                                                                                                      |                           |                                                                                                                                                                                                                                                    |  |             |                                 |                                                |                    |      |              |                     |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>11. I certify that I am an officer or director of the receiver corporation and have signed this application as provided for in Chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the taxes for dissolution have been calculated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. Further, I certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.164, F.S.</b><br><b>SIGNATURE:</b>  <b>12/26/2013</b> <b>5611-043-1411</b><br><small>SIGNATURE MUST BE SIGNED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> |                                 |                                                                                                                                                                                      |                           |                                                                                                                                                                                                                                                    |  |             |                                 |                                                |                    |      |              |                     |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

K. ASHTON