| PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. | | | | | | | | | | | | Δ |
|--|---|-------------------------------|------------------------------------|---|---------------------------------|-------------------------------------|--------------------------------------|---|---|---------------|-------------------|------------|
| APPLICATION FOR FOR BOR FOR FOR FOR FOR FOR FOR FOR FOR FOR F | | | | | | | | | | | | |
| | | | | | | | | FILED | | | | |
| DOCUMENT # F0000007049 | | | | | | | | - 01-NOV-8-PM-4:30 | | | | |
| HELLO CORP INTERNATIONAL | | | | | | | | SECRETARY MESTATE TALLAHASSEE, FLORIDA | | | | |
| Principal Place of Business Mailing Address | | | | | | | | | III An dah Mutah Guath Punak Guat | i Sibili Ribi | I FERST OPIN EIDT | |
| 3216 KIRKWOOD HWY PMB 394 WLMINGTON DE 19818 | | | | 3216 KIRKWOOD HWY PMB 394 WLMINGTON DE 19618 | | | | | | | | |
| If above ad | ddresses are inc | orrect in any | way, line thro | ugh incorrect ir | formation ar | nd enter correct | tion below. 📍 | | | | | |
| 2. New Principal Office Address, If Applicable | | | | 3. New Mailing Office Address, If Applicable | | | | 4. Date Incorporated or Qualified To Do Business in Florida 12/20/2000 | | | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | | | | ied For | |
| City & State | | | | City & State | | | | | | | Additional F | Applicable |
| Zip | | Country | | Zip | | Country | | L | OF STATUS DESIRED | | a Certificate | |
| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list a Title/c) Name of Officers Street Address of | | | | | | | | . <u> </u> | | Titu / Sta | | |
| PCD | | | | | | | nd/or Director | 4 | | | | |
| FCU | CUDAHY, LINDA S 4210 KEY BISCAYNE LANE #2 | | | | | | |) | | | • - | |
| | | | | | | | | 1000047036412 -12/04/0101030010 | | | | |
| | - | | | | | | ****150.00 *****1 | | | | | |
| | | | | | | | | | • | | | |
| | | | | | | | | LLS | | | | |
| | | | | | | | | |) | | | |
| 8. Name and Address of Current Registered Agent Name | | | | | | | | 9. Name and Address of New Registered Agent | | | | |
| CUDAHY, LINDA S | | | | | | | P.O. Box Number is Not Acceptable) | | | | | |
| 4210 KEY BISCAYNE LANE #226 WINTER PARK FL 32792 | | | | | | Suit | Suite, Apt. #, Etc. | | | | | |
| | | | | | | City | , | | | State | Zip Code | |
| 10. l. being (| appointed the re | edistered age | ent of the abov | e named corpo | ration, am fa | amiliar with and | accept the ob | ligations of Secti | on 607.0505, F.S. | FL | | |
| | | | | · | , | | · | | | | * | |
| Signature of Registered Agent | | | | | | | | Date | | | | |
| this reins | statement applic | ation, the rea have been p | ison for dissoli aid and the na | ution has been ames of individ | eliminated, t uals listed or | the corporate n h this form do n | ame satisfies i not qualify for a | the requirements an exemption unc | pter 607 or 617, F.S. I of section 607.0401 o der section 119.07(3)(i | r 617.04(| 1, F.S., that a | all fees |
| SIGNATURE: DELARGE FERCHERED 1107/01 631-321-1280 | | | | | | | | | | | ×) | |
| | SIGN | ATURE AND T | YPED OR PRIN | TED NAME OF S | IGNING OFFI | CER OR DIRECT | OR | | Date | Day | ime Phone # | |

HELLO CORP. INTERNATIONAL

November 6, 2001

Hello Corp. International 3216 Kirkwood Highway PMB #394 Wilmington, DE 19818

Division of Corporations State of Florida P.O. 6327 Tallahassee, Fl 32314

To Whom It May Concern:

Today I received this notice regarding reinstatement of my Corporation Hello Corp, International. This is the first notice I ever received of this. No notice was ever received in my office until today. I would appreciate if my remove my late fees, since this is the first notice that I ever received, enclosed you will find a check in the amount of \$150.00 for reinstatement.

Thank you for you cooperation in this matter, if you need to contact me you may at 631-321-1280.

Sincerely, redchy. Linda S. Cudah