

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

APPLICATION
FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1997 JAN 31 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **631308**

1. Corporation Name

H.S.S.O., INC.

Principal Place of Business

Mailing Address

3535 WEST COLONIAL DR. P. O. BOX 585117
ORLANDO, FLORIDA 32808 U.S. Orlando, Florida 32808 U.S.

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida
March 31, 1983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number
59-2299453

Applied For
Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	OHRI, G.K.	9220 HIDDEN BAY LANE	ORLANDO, FLORIDA 32819
P	OHRI, HARPAUL S.	9220 HIDDEN BAY LANE	ORLANDO, FLORIDA 32819
			800002077430--6 -02/04/97--01171--006 ****915.00 ****915.00
REINSTATEMENT			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OHRI, HARPAUL S.
9220 HIDDEN BAY LANE
ORLANDO, FLORIDA 32819 U.S.

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Harpaul S. Ohri

REGISTERED AGENT MUST SIGN

Date **January 30, 1997**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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
Harpaul S. Ohri

January 30, 1997 407-97-9115

Date Daytime Phone #

CR2E040 (12/95)