

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 14 AM 8:52

DOCUMENT #

G31308

1. Corporation Name

H. S. S. O. Inc.

2. Principal Office Address

P.O. Box 585127

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 585127

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32858

Country

Orange

City & State

Orlando, FL

Zip

32858

Country

Orange

4. Date Incorporated or Qualified To Do Business in Florida

3/31/83

5. FEI Number

59-2299453

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 98-00

7. Name and Address of Current Registered Agent

Name

OHRI, HARPAUL S.

100003305071-6

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

9220 Hidden Bay Lane

-06/26/00--01140--009

***1050.00 ***1050.00

Suite, Apt. #, Etc.

City

Orlando, FL

State

FL

Zip Code

32819

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 6/9/2000

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	OHRI, G. K.	9220 Hidden Bay Lane	Orlando, FL 32819
P	OHRI, HARPAUL S.	9220 Hidden Bay Lane	Orlando, FL 32819

6/6/21

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARPAUL S. Ohri

Date 6/9/00

407-297-9115
Daytime Phone #

CR2E081 (9/99)