PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. APPLICATEON DOCUMENT # K63624 98 FEB -9 AM 10: 04 1. Corporation Name HO HO HO, INC. TEMENT 94-98 Mailing Address Principal Place of Business 740 S. HOWARD ST TAMPA, FL 33606 If above addresses are incorrect in any way, line through in of information and enter correction 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 ドイルドレタペナ し, 1989 Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 19-2931933 Not Applicable Zip CERTIFICATE OF STATUS DESIRED 🔲 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) Name of Officers Street Address of Each City / State / Zip and/or Directors TAMPAFL 23606 VICTOR LUON 53 ADALIA AUG ! PROS 500002266685--8 -08/14/97--01035--005 \*\*\*\*585.00 \*\*\*\*585.00 \$00002266685---02/09/98--01015--024 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent VICTOR LOON Street Address (P.O. Box Number is Not Acceptable) 53 ADALIA AVENUE TAMPA, FL 33 LUL Suite, Apt. #, Etc. 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 REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. Yes X 12. 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. 7-1-98 (\$13)932-98~6 SIGNATURE:

VICTUR LEGAL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR