PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 AUG -8 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K79073

1. Corporation Name
H2AUTO,INC.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
4011 W OSBORNE AVE		P O BOX 15215	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
TAMPA, FLORIDA		TAMPA, FLORIDA	
Zip	Country	Zip	Country
33614	USA	33684	USA

CR2E081 (12/07)

4. Date Incorporated or Qualified To Do Business in Florida 4-10-1989

5. FEI Number 59-2956307 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
JAMES B. KELLY

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

Suite, Apt. #, Etc.

City	State	Zip Code
SUN CITY CENTER	FL	33573

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 James B. Kelly
REGISTERED AGENT MUST SIGN

Date AUGUST 8,2008

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
C/D	JAMES B. KELLY	704 MEDINA WAY	SUN CITY CENTER, FL .33573
P/D	JAMES B. KELLY	704 MEDINA WAY	SUN CITY CENTER, FL. 33573
V/D	YVONNE S. KELLY	704 MEDINA WAY	SUN CITY CENTER, FL. 33573
T/D	YVONNE S. KELLY	704 MEDINA WAY	SUN CITY CENTER, FL. 33573
S/D	YVONNE S. KELLY	704 MEDINA WAY	SUN CITY CENTER, FL. 33573
	REINSTATEMENT	RH	600134354946 08/12/08--01005--001 **845.00

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 contained in Chapter 119, 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: James B. Kelly James B. Kelly 8-8-2008 813-642-9881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #