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
02 OCT 31 PM 12: 12 |

DOCUMENT # L 23189

1. Corporation Name

Charles R. Hood Brokerage Co. Inc.

2. Principal Office Address

3737 Bobbin Brook East

Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip 32312   Country USA

3. Mailing Office Address

P.O. Box 13948

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip 32317   Country USA

REINSTATEMENT

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

5. FEI Number 59-2977434   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 Charles R. Hood

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

3737 Bobbin Brook East

Suite, Apt. #, Etc.

City Tallahassee   State FL   Zip Code 32312

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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 _____ Date 10/31/02

REGISTERED AGENT MUST SIGN

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
Pres. D.	Charles R Hood	3737 Bobbin Brook East	Tallahassee, FL 32312
Sec/Treas.	Sarah G. Hood	3737 Bobbin Brook East	Tallahassee, FL 32317

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: _____   10/31/02   850-668-4996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E081 (9/01)