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LIMITED LIABILITY REINSTATEMENT

O2 HR, LLC

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>110500002740</u> 1. Limited Liability Company's Name <u>02 HR, LLC</u>			
2. Principal Office Address <u>5050 West Leman Street</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>5050 West Leman Street</u> Suite, Apt. #, etc.	
City & State <u>TAMPA FLORIDA</u> Zip <u>33609</u>		City & State <u>TAMPA FL</u> Zip <u>33609</u>	
Country <u>USA</u>		Country <u>USA</u>	
4. State/Country of Formation <u>FL/USA</u> 5. Date Organized or Qualified To Do Business in Florida <u>5-20-2005</u> 6. FEI Number <u>202709527</u> Applied For ☐ Not Applicable ☐ 7. CERTIFICATE OF STATUS DESIRED ☒			
8. Name and Address of Current Registered Agent Name <u>CT CORPORATION SYSTEM</u> Street Address (P.O. Box Number is Not Acceptable) <u>1200 South Pine Island Road</u> Suite, Apt. #, Etc. City <u>PLANTATION</u> State <u>FL</u> Zip Code <u>33324</u>			
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <u>Carol Record</u> <u>Carol Record</u> REGISTERED AGENT MUST SIGN Date <u>10/18/06</u>			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
<u>mgr</u>	<u>Thomas Bean</u>	<u>5050 West Leman Street</u>	<u>TAMPA FL 33609</u>
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.400, F.S., and that all fees owed by the limited liability company 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 of Managing Member/Manager <u>Thomas Bean</u> Date <u>10-18-2006</u> Daytime Phone # <u>813-444-8884</u> Typed or printed name of signing Managing Member/Manager <u>Thomas Bean, Manager</u>			