PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

APPROVED AND FILED
02 FEB -4 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000014737

1. Corporation Name H&M INVESTMENT GROUP INC.

REINSTATEMENT 01-02

2. Principal Office Address	**3.** Mailing Office Address
13743 Club Cove DR.	
Suite, Apt. #, etc.	Suite, Apt. #, etc. Same
City & State Jacksonville Fl	City & State
Zip 32225 / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-3627667 ☐ 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

400004916324--5
-02/13/02--01003--023
****908.75 ****908.75

Name: Thomas Harvey Shuman II

Street Address (P.O. Box Number is Not Acceptable): 13743 Club Cove Dr.

Suite, Apt. #, Etc.:

City: Jax. Fl. 32225 | State: FL | Zip Code: 32225

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 1-28-02

REGISTERED AGENT MUST SIGN

CR2E061 (9/01)

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,	Thomas Shuman	13743 Club Cove Drive	Jacksonville, FL 32225

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: _____ T. Harvey Shuman 904-993-2345

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 1/28/02 — Daytime Phone #

ACCOUNT NO. : 072100000032

REFERENCE : 184008 7310169

AUTHORIZATION :

COST LIMIT : $ PPD

ORDER DATE : January 31, 2002

ORDER TIME : 3:37 PM

ORDER NO. : 184008-005

CUSTOMER NO: 7310169

CUSTOMER: Mr. T. Harvey Shuman
H&m Investment Group, Inc.
13743 Club Cove Drive

Jacksonville, FL 32225

DOMESTIC FILINGS

NAME: H&M INVESTMENT GROUP INC.

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds EXT 1133

EXAMINER'S INITIALS _____