2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000048389

1. Entity Name
OHME, INC.

FILED
07 MAR 14 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

01/29/07 REINS CR2E089(1/01)

Principal Place of Business	Mailing Address
C/O PATEL & O'CONNOR, P.A. 2240 BELLEAIR RD, STE. 160 CLEARWATER, FL 33764	PATEL, DIPTI 9142 HIGHLAND RIDGE WAY TAMPA, FL 33647

2. Principal Place of Business - No P.O Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3646132 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
O'CONNOR, PATRICK M ESQ C/O PATEL & O'CONNOR, P.A. 2240 BELLEAIR RD, STE. 160 CLEARWATER, FL 33764	Name: Patrick M. O'Connor Street Address (P.O. Box Number Is Not Acceptable): c/o O'Connor & Associates 1250 Belcher Rd. S. Ste 160 City: Largo FL Zip Code: 33771

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Patrick M. O'Connor
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $900.00

100095146791
03/28/07--01009--026 **900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PATEL, DIPTI	NAME	
STREET ADDRESS	9142 HIGHLAND RIDGE WAY	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33647	CITY-ST-ZIP	
TITLE	TS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PATEL, GAUTAM	NAME	
STREET ADDRESS	9142 HIGHLAND RIDGE WAY	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33647	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PATEL, PARUL	NAME	
STREET ADDRESS	9142 HIGHLAND RIDGE WAY	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33647	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dipti Patel — Dipti Patel — 1-29-07 — (813)988-1101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B. Mitchell MAR 14 2007