PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

TELACTICAL METAGOTIONO BET ONE COMITECTION OF CHIL.						
CORPORATION 'REINSTATEMENT	Secr	PARTMENT OF STATE etary of State of Corporations	0	FILED 6 APR 13 AHII: 18	y Z	
DOCUMENT # 2000006 3568				SECKETAKT OF STATE TALLAHASSEE, FLORIDA		
HARDISH INC.				120 120 120 10 10 10 10 10 10 10 10 10 10 10 10 10		
2 Principal Office Address 11605 Cleveland Ave	3. Mailing Office Address 11605 Cleve land Ave		CR2E081 (12/05)			
Suite, Apt. #, etc. 20	Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida			
City & State FORTMYERS FL Zip Country	City & State FORT MYERS FO		5. FEI Nymber Applied For Not Applied be			
33907 USA	33907	USA	6. CERTIFICATE		onal Fee required ficate of Status	
Street Address, (P.O. Box Number is Not Acceptable) 13160 CORBEC CIR' Suité, Apt. #, Etc. State Zip Code FL 33907 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 101/4005just Date 4-12-6 REGISTERED AGENT MUST SIGN						
	Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at le					
Titles Name of Officers and/or Directo		Street Address of Each Officer and/or Director		City / State / Zip	7	
P TETINDERSI	700//	<u>++ 0/2</u>		FORT MYERS,	3907	
V KUIWANTSI	NGH 60	608 Plantatio	in Prese	REE FORT MYES	2,F133907	
			51 05/04	0007399418 70601022024 **	5 458.75	
		.				
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date D						
				vayand rikkn	·-	

DearSiR/

242

I didnot Receive any mail from FL Department of State Corporation in 2004 So Please waive the \$600-00 Planalty thanks

Sign Tesjuden Sjush