PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 22 PM 3:39

DOCUMENT # **P00000089301**

1. Corporation Name

BUY THE HOUR.COM, INC.

Principal Place of Business	Mailing Address
~~2457 SE DIXIE HWY~~ ~~STUART FL 34996~~	~~2457 SE DIXIE HWY~~ ~~STUART FL 34996~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 01

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
1501 DECKER AVE	1501 DECKER AVE
Suite Apt. #, etc. A-103	Suite Apt. #, etc. A103
City & State STUART FL	City & State STUART FL
Zip 34994 Country MARTIN	Zip 34994 Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/20/2000 SP

5. FEI Number: 65 1039250 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MARLBOROUGH, ROBERT	9207 SE GETTYSBURG CT	HOBE SOUND FL 33455
D	~~BARTER, ERIC~~	~~1050 SW PROVINCE TOWN LANE~~	~~PORT ST LUCIE FL 34953~~
D	HALEY, THOMAS	5435 SE DIXIE HWY	STUART FL 34997
			000004670850--9
			-11/07/01--01040--028
			****750.00 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
HALEY, THOMAS 5435 SE DIXIE HWY STUART FL 34997	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State FL / Zip Code

CR2E040 (8/01)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Thomas J. Haley Date 10-12-01
REGISTERED AGENT MUST SIGN

11. 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: Thomas J. Haley THOMAS J. HALEY 10-12-01 561-260-8650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #