PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000092725

REINSTATEMENT 03-04

1. Corporation Name
Hellworks, Inc.

2. Principal Office Address	3. Mailing Office Address
2400 Airport Blvd.	2400 Airpon Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pensacola Florida	City & State: Pensacola Florida
Zip: 32504 Country: Escambia	Zip: 32504 Country: Escambia

4. Date Incorporated or Qualified To Do Business in Florida: 10/2000

5. FEI Number: 59-3673564 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75

7. Name and Address of Current Registered Agent

Name: CT Corporation System.

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Amanda Mote Asst Secretary — REGISTERED AGENT MUST SIGN — Date: March 25, 2004

CR2E164 (01/04)

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	Stephen C. Simpson	2707 Ashbury Lane	Cantonment Florida 32533
VP	Richard J. Simpson	1566 Pelican Point Dr.	Cantonment Florida 32533
D	Roger A. Buis	1460 Vinson Rd.	Baker Florida 32531
M	Dan D. Baker	2143 Antilles	Pensacola Florida 32506
M	Bill F. Emmons	2400 Airport Blvd.	Pensacola Florida 32504
M	John C. Bryan	4921 Bluffton	Bluffton SC. 29910

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. This information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Stephen C. Simpson — 23 March 2004 — 850-438-2056

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

Florida Department of State

Division of Corporations

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CORPORATION REINSTATEMENT

HELIWORKS, INC.

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