

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000022244**

1. Corporation Name

H & H International, Inc.

2. Principal Office Address

1602 N. 21ST ST.

Suite, Apt. #, etc.

Suite C

City & State

Tampa, FL

Zip

33605

Country

US

3. Mailing Office Address

1602 N. 21ST ST.

Suite, Apt. #, etc.

Suite C

City & State

Tampa, FL

Zip

33605

Country

US

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 29 AM 8:00

REINSTATEMENT

03-04
MRD

800031348578
03/29/04--01076--010 **908.75

4. Date Incorporated or Qualified
To Do Business in Florida

February 28, 2001

5. FEI Number

593709889

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

Name

Kerry S. Holstein

Street Address (P.O. Box Number is Not Acceptable)

8527 Franklin Rd.

Suite, Apt. #, Etc.

City

Plant City

State

FL

Zip Code

33565

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

[Signature of Kerry S. Holstein]

Date

3/18/04

REGISTERED AGENT MUST SIGN

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
P	Kerry S. Holstein	8527 Franklin Rd.	Plant City, FL 33565

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:

Kerry S. Holstein, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/18/04

Daytime Phone #

813-248-5620

CR2081 (01/04)