PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1042

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 SEP 30 PM 3:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000056453

1. Corporation Name: HotBed Techs, Inc

REINSTATEMENT 09-3-04

2. Principal Office Address	3. Mailing Office Address
8845 Ladrido Lane	8845 Ladrido Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando FL	City & State: Orlando, FL
Zip: 32836 Country: Orange	Zip: 32836 Country: Orange

4. Date Incorporated or Qualified To Do Business in Florida: August 15, 2001

5. FEI Number: 59-3723366 ☐ 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: Angela Marie Purdy Wint

200041260152
09/22/04--01060--001 **30.75

Street Address (P.O. Box Number is Not Acceptable): 8845 Ladrido Lane

Suite, Apt. #, Etc.:

City: Orlando | State: FL | Zip Code: 32836

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: Angela M. Purdy Wint — REGISTERED AGENT MUST SIGN — Date: 9-21-2004

CR2E081 (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
	[redacted] amPW		
PRES.	Angela Marie Purdy Wint	President / Owner 8845 Ladrido Lane	Orlando FL 32836

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: Angela M. Purdy Wint — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Angela M. Purdy Wint — Date: 9-21-2004 — Daytime Phone #: (407)909-1503

HotBed Techs, Inc
8845 Ladrido Lane
Orlando, FL 32836

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2of2

Contact: Marie Wint
mwint@hotbedtechs.com
407 909-1503 Office
407 808-1308 Cell

Division of Florida Corporation
409 E Jaines Street
Tallahassee, FL 32399

Attn: Reinstatement Office

I am writing to you today to request that the re-instatement fee for my company be waived as I have not received the notices that are sent to me by your office for years ending 2003 and 2004. Please note that my address has changed, which might be the reason why I haven't received invoices from the Department of State/Corporation's Division. I have enclosed a check for $300 plus an additional $8.75 for a Certificate of Status.

Company Information:

HotBed Techs, Inc.
Federal Tax ID 59-3723366
Document # P01000056453
President and Founder: Angela Marie Purdy Wint
Address: 8845 Ladrido Lane, Orlando, FL 32836
Phone Numbers: 407 909-1503 Office
407 808-1308 Cell

Please expedite my reinstatement as I have potential business pending business with the Federal Government.

Warmest Regards,

Angela Marie Purdy Wint, President and Founder