## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 15 MAR 17 AM 9: 03
DOCUMENT # P02000105513  1. Corporation Name	SECRUTALLY OF GITATE TALL AUTUM FOR ONION
HARTFORD BOILER AND CONSTRUCTION CO., INC	
2. Principal Office Address - No PO. Box # 3. Mailing Office Address  32134 Peachtree LN. Suite Apt. #, etc.	CR2E081 (11/10)
City & State City & State	4. Date Incorporated or Qualified To Do Business in Florida 9-26-2002  5 FEI Number Applied For
Sorrento Fla. Sorrento Fla.	06-1652492 Not Applicable
32776 U.S.A. 32776 U.S.A.	CERTIFICATE OF STATUS DESIRED  S8.75 Additional Fee required for a Certificate of Status
Sharon Buchan Street Address (P.O. Box Number is Not Acceptable)	
32134 Peachtree Lane  City State Zip Code  Fil 22277	100270751331 03/17/1501036010 ***908.75
Sovrento  FL 32776  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  REGISTERED AGENT MUST SIGN  Date  March 9, 2015	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)	
Titles Name of Street Address of Ear Officers and/or Directors Officer and/or Direct	
Pres. Sharon Buchan 32134 Peachtr	ee Lane Sorrento, Fla. 32776
MAR 1 8 2015	7014-
L. SELLENS	PATEMENT 2015
0. E-mail Address: Sharbu 40 9 yahoo. com  (To be used for future annual report notification)  1. Certify that Lam an officer or director or the receiver or trustee empowered to execute this application as provided for in charge 607 or 617. E.S. I further certify that when filling 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as

SIGNATURE:

if made under oath I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817,155, F.S

IGNATURE: 

| Signature and Typed on Printed Name of Signing Officer on Director
| Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director | Director