## 2004 FOR PROFIT CORPORATION REINSTATEMENT

SIGNATURE:

FILED DOCUMENT # P03000058433 1. Entity Name 04 DEC -6 PM 2:00 HIRE CFO. INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 112 E CONCORD STREET 112 E CONCORD STREET ORLANDO, FL 32801 ORLANDO, FL 32801 2. Principal Place of Business 3. Mailing Address 4031 Redcrest Ct 4031 Reducest Ct. Suite, Apt. #, etc. Suite, Apt. #, etc. 11242004 REIN-P CR2E098 (6/04) City & State City & State 4. FEI Number Applied For FL Orlando 31-1777164 Orlando Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired П 32817 32817 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HANLEY, TIMOTHY P Street Address (P.O. Box Number is Not Acceptable)
403/ Reserved Ct. 112 E CONCORD STREET ORLANDO, FL 32801 City ~ Land 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered ag SIGNATURE. FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PD ☐ Delete TITLE Change Addition HANLEY, TIMOTHY P NAME NAME 4031 Reducest Ct. STREET ADDRESS 112 E CONCORD STREET STREET ADDRESS Orlando FL 32817 CITY-ST-7IP ORLANDO, FL 32801 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TATEMENT ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

wil

## Hire CFO, Inc.

4031 Redcrest Court

Orlando; Florida 32817

(407) 721-1617

November 26, 2004

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Reinstatement

Document # P03000058433

To Whom It May Concern:

Please find attached a completed Reinstatement form for 2004 For Profit Corporation. The original filing was completed on time with the payment of \$150 in April of this year. However, there was an omission on the original form of the FIE Number. Shortly after the form was mailed to you, I relocated my office to the above address. I never received your subsequent letter asking for the missing information. I did not find out I was placed in Inactive status until earlier this week when my banker reviewed my status on line and informed me I was Inactive.

The attached form has the new mailing address for my office as well as the missing FIE number. I also enclosed a copy of the check from the original filing that cleared my bank April 29, 2004. Thank you for your help in clearing up this matter. I can be reached anytime at the above telephone number to answer any questions.

Sincerely,

Timothy P. Hanley, CPA

Director