

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000061669

1. Corporation Name

HR FUNNEL, INC.

2. Principal Office Address - No P.O. Box #

1806 N. FLAMINGO ROAD

3. Mailing Office Address

1806 N. FLAMINGO ROAD

Suite, Apt. #, etc.

SUITE 100

Suite, Apt. #, etc.

SUITE 100

City & State

PEMBROKE PINES, FL

City & State

PEMBROKE PINES, FL

Zip  
33028

Country  
USA

Zip  
33028

Country  
USA

7. Name and Address of Current Registered Agent

Name

SHAWN C. SNYDER, ESQ.

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

7931 SW 45TH STREET

Suite, Apt. #, Etc.

City  
DAVIE

State  
FL

Zip Code  
33328

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

10/29/08

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
D,P,T	DARIAN KELTY	1224 NW 137TH TERRACE	PEMBROKE PINES, FL 33028
VP,S	DARIAN KELTY	1224 NW 137TH TERRACE	PEMBROKE PINES, FL 33028

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 contained in Chapter 119, 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:

Darian Kelty

11/9/08

454 416-4400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #