


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 08 NOV 14 AM 9:29 SECRETARY OF STATE TALLAHASSEE, FLORIDA <i>05-08 [Signature]</i> REINSTATEMENT 600137949996 11/14/08--01051--027 **1208.75 CR2E081 (10/08)	
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	4. Date Incorporated or Qualified To Do Business in Florida 06/04/2003	
5. FEI Number 58-2672764				Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$6.75 Additional Fee required for a Certificate of Status					
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	<input type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
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 <i>[Signature]</i> Date <u>10/29/08</u> 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	
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: <i>[Signature]</i>		Darian Kelty		11/9/08	954 416-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	