## 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000078986  1. Entity Name HR CORPORATE SOLUTIONS, INC.			SECRETARY DIVISION OF C		
es test of the test of		NE THE	04 NOV. 12	PM 4: 33	
Principal Place of Business	, Mailing Address		0,4,1101,112		
205 CRYSTAL GROVE BLVD LUTZ, FL 33548	205 CRYSTAL GROVE BI Lutz, FL 33548	LVD			
2. Principal Place of Business	3. Mailing Address	. 1			
Suite, Apt. #, etc.	Apt. #, etc. Suite, Apt. #, etc.		11082004 REIN-P	CR2E098 (6/04)	
City & State	City & State	y 35%.	4. EEI Number 20 - 0/12079	Applied For Not Applicable	
Zip Country	Zip	Country	5. Certificate of Status Desired	S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent 7.  Name			7. Name and Address of New I	Registered Agent	
SAXÉ, DANIEL L		ivame ^-	<u>.                                    </u>		
205 CRYSTAL GROVE BLVD LUTZ, FL 33548		Street Address	Street Address (P.O. Box Number is Not Acceptable)		
				,	
	7	City	•	FL Zip Code	
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 particles of sec					
the conganions by grade and a	/) i i i / / (	AXE		11-8-04	
SIGNATURE Signature, typed of printed name of registered agen	and title if applicable. (NOTE:	: Rogistered Agent signature requ	ulred when reinstating)	DATE DATE	
FILE NOWIII FEE IS \$750.00 After January 1, 2005, Fee will be \$900.	00	e Geografia Sun			
10. OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 11	
TITLE DP NAME SAADY, CLAIRE	☐ Delete	TITLÉ NAME , ~		☐ Change ☐ Addition	
STREET ADDRESS   205 CRYSTAL GROVE BLVD		STREET ADDRESS	8000420 11/12/0401066	59 <u>8</u> 92 <u>8</u>	
CITY-ST-ZIP LUTZ, FL 33548		CITY-ST-ZIP	11/12/04U1066	6002 <b>**</b> 750.00	
TITLE V	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME SAXE, DANIEL L STREET ADDRESS 205 CRYSTAL GROVE BLVD		NAME STREET ADDRESS			
CITY-ST-ZIP LUTZ, FL 33548		- CITY-ST-ZIP			
TITLE	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS		NAME			
CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP			
TITLE	Delete	mile		Change Addition	
NAME CONTROL DODGE		NAME			
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP			
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NAME	<del></del>	, NAME			
STREET ADDRESS CITY-ST-ZIP	`	STREET ADDRESS CITY+ST-ZIP			
TITLE	- Delete	TITLE		☐ Change ☐ Addition	
NAME	· Lad Dilbit	NAME		C change C notices	
STREET ADDRESS CITY-ST-ZIP	A ·	STREET ADDRESS CITY-ST-ZIP			
	h this filing does not qualify for		Section 119 07(3)(i) Florida Statuton	I further certify that the information	
12. I hereby certify that the information supplied with this filing 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 truetes 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 article's with all chapting empowered.					
changed, or on an attachment with an addless	with all other like empowered.			September 1 State of Clock 17 (	
SIGNATURE: NOWIE! L SAXE 11-8-64 813 809 8855					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone of					

11/12