PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 MAR 22 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000110918

1. Corporation Name
HERSCHELL HOLDER, INC

REINSTATEMENT 04-07
CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #	**3.** Mailing Office Address
124 LONGFELLOW DR.	124 LONGFELLOW DR.
Suite, Apt. # etc.	Suite, Apt. # etc.
PALM SPRINGS, FL	PALM SPRINGS, FL
Zip: 33461 Country: USA	Zip: 33461 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 10/08/2003

20-0292866 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

HERSCHELL HOLDER
124 LONGFELLOW DR.
PALM SPRINGS State FL 33461

☑ 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 Herschell Holder Date 3/21/07
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
P/D	HERSCHELL HOLDER	124 LONGFELLOW DR	PALM SPRINGS, FL
33461			04/04/07--01040--019 **508.75
	$3/28		

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: Herschell Holder HERSCHELL HOLDER .CEO 3/21/07 202-787-0194
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #