

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN 30 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO6000039227**

1. Corporation Name

H3 Compulision Inc.

REINSTATEMENT D8-10

700167537367
01/29/10--01027--029 ***458.75

CR2E081 (11/09)

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

15279 HARROWGATE Way
Suite, Apt. #, etc.

3. Mailing Office Address

15279 HARROWGATE Way
Suite, Apt. #, etc.

City & State

WINTER GARDEN, FL

Zip

34787

Country

USA

City & State

WINTER GARDEN, FL

Zip

34787

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/17/2006

5. FEI Number

204566111

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

Name

JAMES HURST III

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

15279 HARROWGATE Way

Suite, Apt. #, Etc.

City

WINTER GARDEN

State

FL

Zip Code

34787

☒ 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

James Hurst III

REGISTERED AGENT MUST SIGN

Date

01/28/10

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
CEO PRES. SEC. V.P.	JAMES HURST III	15279 HARROWGATE Way	WINTER GARDEN FL 34787
	Joy L. Hurst	15279 HARROWGATE Way	WINTER GARDEN, FL 34787

DC 2/2

10. E-mail Address: **jhurst@h3compulision.com**

(To be used for future annual report notification)

11. 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. I further certify 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:

James Hurst III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/28/10

Daytime Phone #