PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 MAR 20 PM 12:45

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E081 (11/10)

**DOCUMENT #** P08000045079

1. Corporation Name

HOODNUTZ, INC

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 802 Centerwood Ct | 802 Centerwood Ct |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| Brandon | Brandon |
| City & State | City & State |
| FL | FL |
| Zip: 33511 County: USA | Zip: 33511 County: USA |

4. Date Incorporated or Qualified To Do Business in Florida: 5/5/2008

5. FEI Number: 077641460 — Applied For

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, etc.

City: Tallahassee — State: FL — Zip Code: 32301

900270860589

8. I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Courtney Williams — REGISTERED AGENT SIGNATURE — Asst. Vice President — Date: 03.20.15

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|---|---|---|---|
| D | Chad Piester | 802 Centerwood Ct | Brandon, FL 33511 |
| | | | |
| | REINSTATEMENT | | MAR 20 2015 |
| | | | R. HUNT |
| | | | |
| | | | |

10. E-mail Address: cpiester@aol.com

(To be used for future annual report notification)

11. I certify that I am an officer or director of the reinstated corporation 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., and 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: CHAD PIESTER, DIRECTOR — 2/11/15 — 813-857-8446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone #

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 480386 7647392

AUTHORIZATION :

COST LIMIT : $ 1,200.00

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ORDER DATE : January 28, 2015

ORDER TIME : 9:34 AM

ORDER NO. : 480386-010

CUSTOMER NO: 7647392

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RECEIVED
15 MAR 20 AM 11:10
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

DOMESTIC FILINGS

NAME: HOODNUTZ, INC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935 MAR 20 2015

EXAMINER'S INITIALS R. HUNT