

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAY -8 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900155787029
05/12/09--01005--018 **150.00

2009 *[Signature]*

REINSTATEMENT
CR2E081 (12/08)

DOCUMENT # **P08000086002**

1. Corporation Name

H-Hybrid Technologies, Inc.

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

3900A 31st. St. N

Suite, Apt. #, etc.

City & State

St. Petersburg FL

Zip

33714

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

9.12.08

5. FEI Number

☐ 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

Clifford J. Hunt, Esquire

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

8200 Seminole Blvd.

Suite, Apt. #, Etc.

City

Seminole

State

FL

Zip Code

33712

☒ 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

[Signature] **See attached**

Date

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
CFO	Ben Croxton	3900A 31st. St. N.	St. Petersburg FL 33714
COO	Peter James	3900A 31st. St. N.	St. Petersburg FL 33714
SEC	Jodi Crumbliss	3900A 31st. St. N.	St. Petersburg FL 33714

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


Date

5/11/09 727-525-5552

Daytime Phone #

2/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name <u>H-Hybrid Technologies, Inc</u>			
2. Principal Office Address - No P.O. Box # <u>3900A 31st. St. N</u> <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address <u>Same</u> <small>Suite, Apt. #, etc.</small>	
City & State <u>St. Petersburg FL</u>		City & State 	
Zip <u>33714</u>	Country <u>USA</u>	Zip 	Country
4. Date incorporated or Qualified To Do Business in Florida <u>9.12.08</u>			
5. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent Name: <u>Clifford J. Hunt, Esquire</u> Street Address (P.O. Box Number is Not Acceptable): <u>8200 Seminole Blvd.</u> Suite, Apt. #, Etc.: <u> </u> City: <u>Seminole</u> State: <u>FL</u> Zip Code: <u>33772</u>		<input checked="" 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: <u>Clifford J. Hunt</u> Date: <u>5/7/09</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
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SIGNATURE: <u>Jodi Crumbliss</u>		<u>Clifford J. Hunt</u>	

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