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## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

			1	Tru #	t gwo pa,	- /	
CORPORATION REINSTATEMENT		RTMENT OF STATE			LED		
REINSTATEMENT	DIVISION OF C	CORPORATIONS		U9 MAI -	8 PM 3:47		
DOCUMENT # 108000086002			TALLAHASSEE.FLORIDA				
1. Corporation Name H-Hybrid Technologies, Inc.			900155787029				
H-HABUIG LED LICIOSITAL TILL			05/12/0901005018 **150.00				
			2009 Jun				
2. Principal Office Address - No P.O. Box#	3. Mailing Office Addre	ess	IREI	NSTĀ	PEMEI	VT	
3900A 31st.5t, N	Same	we_		CR2E08	1 (12/08)	. • •	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	etc.					
				4. Date Incorporated or Qualified To Do Business in Florida 9.12.08			
City & State  City & State  City & State			5. FEI Numbe	г	Арр	lied For	
Zip Country	Zip	Country			Not	Applicable	
32714 USA			6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional for a Certificate		
7. Name and Address	of Current Registered Age	ent					
Name C I C C C C			The reinstatement fee is imposed, except in circumstances which the entity did not receive				
Street Address (9.0. Box Number is Not Accordable)							
Street Address (P.O. Box Number is Not Acceptable)			the prior notices. By checking this box, you are certifying the prior notices were not				
Suite, Apt. #, Etc.		•		received and requesting the reinstatement			
City State Zip			fee be waived.				
Seminolo		FL 33772	2				
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 Agen	Date						
9. Names and Street Addresses of Each Officer an	nd/or Director (Florida nonpa	rofit corporations must list at le	east 3 directors)		· · · ·		
Titles Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip		
CEN Bas Constant		29MA 214 CH N.		St Pato	stora F	.33 /4	
OF DEN CHOKTON		2001/201/201/2011		Cy Co Lo	-10-5r	227	
000 leter James	390	3900H 381 81 10.		CIO	Jang'ic	<u>.35/1/</u>	
DEC Jadi Crumbil	<u> </u>	10A 3181 BO	P. N.	21.626	Sbuz fa	<u> 3337</u> (C	
					)		
-							
10. Learlify 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 filling 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: 2000 Crmb/155 5/1/09 727-505-5552							

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## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS					
DOCUMENT#  1. Corporation Name H-Hybrid Technologies, Inc			· •			
2. Principal Office Address - No P.O. Box#	3. Moiling Office Address	1				
3900A 318+, 8+, N	Same		CR2E081 (12/08)			
Sude, Apt. #, elc.	Surio, Apt. #, etc.	Date Incorporated or Qualified     O S				
City & State	Cky & Sixte	}	ness in Florida 9.12.08			
St. Retersion a FL	_	5. FEI Numbe	5. FEI Number Applied For Not Applied 5			
20 Country 33714 USA	Zrp Country	6. CERTIFICATE	OF STATUS DESIRED 58.75 Additional Feb required for a Certificate of Status			
7. Name and Address	of Current Registered Agent	1				
Name: Clifford Hunt, Esquire  Stroe: Andreas (P.O. Box Number is Not Acceptable)  Suite, Apil. #, Eic.  City  City			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.			
B. 1, pump 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	REGISTERED AGENT MUST SIGN	Tribult of major	Date 5/7/09			
9. Names and Sirect Addresses of Each Officer :	indior Director (Florida nonprofit corporations must list at	east 3 directors)				
Titles Name of Officers and/or Directo	<del></del>		City / State / Zip			
CFO Ben Croxtor	3900A, 3154.51.	N.	8 Retpoburg FL 33 14			
100 Retor James	390UA 3/81 S	J. N.	81 Petodoux FL33714			
OGC Jadi Crump	umaliss 300A 3181 S		St. Retesbra FC33714			
			G			
10. I certify that it am an officer or director or the receiver or inusted empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filting this reinstallament application, the reason for dissolution has been eliminated, the corporate name satisfiles and requirements of section 607,0401 or 617,0401, F.S., that all tees owned by the corporation have been paid and the names of individuals listed on this form do not qualify for an examplion contained in Chapter 119, F.S. The information indicated on this application is two and accurate, and my signature shall have the same legal officer as if made under oath.						