PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
03 JUN -9 AM 10:44

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

800020792448
06/11/03--01093--006 **900.00

DOCUMENT # P92000013353

1. Corporation Name
HRDD, Inc.

REINSTATEMENT 02-03

2. Principal Office Address	3. Mailing Office Address
1478 S 6th Street	1478 S 6th Street
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: Macclenny, FL.	City & State: Macclenny, FL.
Zip: 32063 Country: USA	Zip: 32063 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-3155516 ☐ 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: Dale M. Armentrout
Street Address (P.O. Box Number is Not Acceptable): 1478 S 6th Street
Suite, Apt. #, Etc. —
City: Macclenny State: FL Zip Code: 32063

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: Dale M. Armentrout Date: 6-6-03
REGISTERED AGENT MUST SIGN

CR2E031 (10/02)

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
PD	Dale M. Armentrout	1478 S 6th Street	Macclenny, FL, 32063
VPD	Darien M. Armentrout	1478 S 6th Street	Macclenny FL 32063
VD	Robert Renfro	1478 S 6th Street	Macclenny, FL 32063

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 under section 119.07(3)(i), 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: Dale M. Armentrout 6-6-03 904-259-5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Dale M. Armentrout