PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 AUG -8 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000040 29

1. Corporation Name
HSM ~~Mgt~~ Management, Inc.

2. Principal Office Address	3. Mailing Office Address
9045 Mossy Oak	PO Box 178
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clermont, FL	City & State: Davenport, FL
Zip: 34711 Country: Lake	Zip: 33837 County: Polk

4. Date Incorporated or Qualified To Do Business in Florida: 1/19/1993

5. FEI Number: 59-3163377 ☐ 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

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Name: LANNY M FELDMAN

Street Address (P.O. Box Number is Not Acceptable): 1500 NW 49th St

Suite, Apt. #, Etc.: STE 608

City: FT LAUDERDALE State: FL Zip Code: 33309

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: Lanny M. Feldman REGISTERED AGENT MUST SIGN Date: 8/2/00

CR2E081 (8/99)

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
V	CARLENE F MALI	9045 MOSSY OAK RD	CLERMONT, FL 33837
P	HARI MALI	30495 LONGCREST	SOUTHFIELD MI 48075

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REINSTATEMENT 99-00 TS

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 contained on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: C. F. MALI 8/3/00 352 2425370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #