PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
97 NOV 12 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000045923

1. Corporation Name
Hot Management Group, Inc.

Principal Place of Business
8050 Seminole Mall
Suite 315/250
Seminole Fl. 34642

Mailing Address
7821 Seminole Blvd
Seminole Florida
34642

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 95-97

2. New Principal Office Address, If Applicable
600 Bypass Drive
Suite, Apt. #, etc.
Suite 220
City & State
Clearwater Florida
Zip 33764 Country USA

3. New Mailing Office Address, If Applicable
600 Bypass Drive
Suite, Apt. #, etc.
Suite 220
City & State
Clearwater Florida
Zip 33764 Country USA

4. Date Incorporated or Qualified To Do Business in Florida
June 29, 1993

5. FEI Number
59-3195344
☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐
$8.75 Additional Fee required for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
President	Joseph P. Rassignol	600 Bypass Drive Suite 220	Clearwater Fl 33764
Vice President	Monica E. Rassignol	600 Bypass Drive Suite 220	Clearwater Fl 33764

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8. Name and Address of Current Registered Agent
Wesley Hackmit
8050 Seminole Mall
Suite 325
Seminole, Fl. 34642

9. Name and Address of New Registered Agent
Name: Monica E. Rassignol
Street Address (P.O. Box Number is Not Acceptable): 600 Bypass Drive
Suite, Apt. #, Etc.: Suite 220
City: Clearwater State: FL Zip Code: 33764

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____ REGISTERED AGENT MUST SIGN Date 11/5/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/97 Date (813) 669-6800 Daytime Phone #

CR2E040 (2/96)