FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 JUN 25 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000051601

1. Corporation Name
DHO MANUFACTURING, INC.

141 Burbank Road
141 Burbank Road

REINSTATEMENT 02-04

2. Principal Office Address	**3.** Mailing Office Address
141 Burbank Road	141 Burbank Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Oldsmar, FL	City & State: Oldsmar, FL
Zip: 34677 Country: USA	Zip: 34677 Country: USA

300038240233
06/24/04--01057--005 **1050.00

4. Date Incorporated or Qualified To Do Business in Florida 07/19/1993

5. FEI Number 59-3194853 ☐ 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: Richard H. Owens

Street Address (P.O. Box Number is Not Acceptable): 141 Burbank Road

Suite, Apt. #, Etc.

City: Oldsmar State: FL Zip Code: 34677

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 _____ Date 6/23/04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
P	Richard H. Owens	141 Burbank Road	Oldsmar, FL 34677

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: _____ RICHARD H. OWENS 6/23/04 (813)855-9466 ext. 222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone