PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR -5 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000060529

REINSTATEMENT 03-04

1. Corporation Name

H WAY CORP

2. Principal Office Address	3. Mailing Office Address
216 SW 9 ST	216 SW 9 ST
Suite, Apt. #, etc. 2	Suite, Apt. #, etc. 2
City & State Hallandale, FL	City & State Hallandale, FL
Zip 33009 Country U.S.A.	Zip 33009 Country

4. Date Incorporated or Qualified To Do Business in Florida August, 17, 1994

5. FEI Number 650-51-2468 ☐ 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

900029939899
03/05/04--01005--011 **200.00

Name: HOPE OWIYE

900029939899
03/05/04--01005--010 **700.00

Street Address (P.O. Box Number is Not Acceptable): 216 SW 9 Street

Suite, Apt. #, Etc.: 2

City: Hallandale | State: FL | Zip Code: 33009

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: HOPE OWIYE — REGISTERED AGENT MUST SIGN

Date: 2/26/04

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
~~Pres~~	~~HOPE OWIYE~~		
P/S	HOPE OWIYE	216 SW 9 St	Hallandale FL 33009

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: HOPE OWIYE — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/26/04

Daytime Phone #: 786 286 3490

03/03/04

After Explaining that we had not recieved the paper for re instatement we asked to send $200.00. We made a second call after downloading and were asked to send $900.00. We are not sure of the amount so both checks are included. Return or destroy which is not needed.

We moved and never recieved the papers though we informed, So please send information to the new location.

Sincerly

Hope Owiye

for H Way Corp