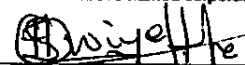
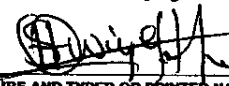


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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																																	
1. Corporation Name H WAY CORP																																	
2. Principal Office Address 216 SW 9 ST Suite, Apt. #, etc. 2 City & State Hallandale, FL Zip 33009 Country U.S.A		3. Mailing Office Address 216 SW 9 ST Suite, Apt. #, etc. 2 City & State Hallandale, FL 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 Name HOPE OWIYE 900029939899 03/05/04--01005--011 **200.00 Street Address (P.O. Box Number is Not Acceptable) 216 SW 9 Street 900029939899 03/05/04--01005--010 **700.00 Suite, Apt. #, Etc. 2 City Hallandale FL 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  Date 2/26/04 REGISTERED AGENT MUST SIGN																																	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																																	
<table border="1"><thead><tr><th>Titles</th><th>Name of Officers and/or Directors</th><th>Street Address of Each Officer and/or Director</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>Pres</td><td>HOPE OWIYE</td><td></td><td></td></tr><tr><td>P/S</td><td>HOPE OWIYE</td><td>216 SW 9 ST</td><td>Hallandale FL 33009</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table>						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																
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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 2/26/04 786 286 3490 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																	

CR2E081 (01/04)

03/03/04

After Explaining that we had not recieved the paper for re instatement we asked to send \$200⁰⁰. We made a second call after downloading and were asked to send \$900⁰⁰. 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.

Sincerely

Hope Owiye
for H Way Corp