2007 FOR PROFIT CORPORATION REINSTATEMENT

FUNKADELIC INC. Principal Place of Business Mailing Address	DOCUMENT # P960000019	914	55		r **11	E-D		
TAMPA, FL 33614 US AMPA, FL 336							10	
TAMPA, FL 33614 US AMPA, FL 336			1		chough -	1 PM 46) ·	10	
TAMPA, FL 33614 US TAMPA, FL 33614 US TAMPA, FL 33614 US TAMPA FL 3	· · ·	J	т.	red	ROUGE TALL AHASS	TOF STAT	E DA	
County State State County State State State County State S	I				PALLAHAGO	Mate, i LUMI	JA	
County State State County State State State County State S								
Solite, Apt. 4. Etc. County Solite County County	2. Principal Place of Business - No P.O. Box # 3. Mailing Address 10917 Juniperus PL 10917 Juniperus PL						₩₩ <u>₩</u> ~~~~7	
Tampa FL Tampa FC	Suite, Apt. #, etc. Suite, Apt. #, etc.			05292007	CREINID GR	2E098 (1/07)	W	
6. Name and Address of Current Registered Agent 7. Name and Address of Registered Agent 8. The above named entity submits his subment to the purpose of change as registered agent, or both, in the State of Florida. I mal name with an occept the obligations of registered agent. 8. The above named entity submits his subment to the purpose of change as registered office or registered agent, or both, in the State of Florida. I mal named with an occept the obligations of registered agent. 8. The above named entity submits his subment to the purpose of change as registered office or registered agent, or both, in the State of Florida. I mal named with, and accept the obligations of registered agent. The both, in the State of Florida. I mal named with, and accept the obligations of registered agent. The both, in the State of Florida. I mal named with, and accept the obligations of registered agent. The both, in the State of Florida. I mal named with, and accept the obligations of registered agent. The both, in the State of Florida. I mal named with, and accept the obligations of registered agent. The both, in the State of Florida. I mal named with, and accept the obligations of registered agent. The both, in the State of Florida. I mal named with, and accept the obligations of registered agent. The both, in the State of Florida. I mal named with, and accept the obligations of registered agent. The both in the State of Florida. The named with with, and accept the obligations of registered agent agent. The both in the State of Florida. The named with with an accept the obligation of the state of Florida. The named with with a state of Florida. The named with a state of Florida				I	•			
HERNANDEZ, HUMBERTO 3822 WEST CRAWFORD STREET TAMPA, FL 33614 8. The above named entity submissions is for the purpose of chample is registered office or registered agent, or both, in the State of Fivide. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fivide. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fivide. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fivide. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fivide. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fivide. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fivide. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fivide. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fivide. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fivide. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fivide. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fivide. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fivide. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fivide. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fivide. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fivide. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fivide. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fivide. In accordance with its earth of Fivide. In accordance with its earth of Fivide. In accordance with its earth of Fivide.			5. Certificat	e of Status Desired				
Sites ADDITIONS/CHANGES TO CHICERS AND DIRECTORS 11. DP HERNANDEZ HILMBERTO NAME SITES ADDITIONS/CHANGES TO CRAMPORD STREET DEED NAME SITES ADDITIONS/CHANGES TO CRAMPORD STREET TITE DP HAMA, FL 33614 Deed NAME SITES ADDITIONS/CHANGES TO CRAMPORD STREET Deed NAME SITES ADDITIONS/CHANGES TO CRAMPORD STREET TITE DEED NAME SITES ADDITIONS/CHANGES TO CRAMPORD STREET DEED NAME SITES ADDITIONS/CHANGES TO CRAMPORD STREET TITE DEED NAME SITES ADDITIONS/CHANGES TO CRAMPORD ADDITIONS/CHANGE	6. Name and Address of Current R	egistered Agent	Name I			ed Agent CU	erent.	
B. The above named entity submits whis statement to the purpose of changing its registered affect or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:	HERNANDEZ, HUMBERTO			tdress (P.O. Box Num	mberto Hrnandez			
B. The above named entity submits which statement to the purpose of changing its registered affect or registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent. SIGNATURE:	TAMPA, FL 33614				erus PL.			
B. The above named entity submits whis statement to the purpose of changing its registered affect or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:	_ %	Thun to every	City			Zin Code O		
SIGNATURE Signature, typed of place round of regulared Cash of Academic (NOTE Registered Agent algorithms required when relinations) PILE NOW!!! FEE IS \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. 10.				registered agent, or b	_		and accept	
FILE NOW!!! FEE IS \$300.00 In accordance with s. 607. 193(2)(b), F.S., the corporation did not receive the prior notice. In accordance with s. 607. 193(2)(b), F.S., the corporation did not receive the prior notice. In accordance with s. 607. 193(2)(b), F.S., the corporation did not receive the prior notice. In accordance with s. 607. 193(2)(b), F.S., the corporation did not receive the prior notice. In accordance with s. 607. 193(2)(b), F.S., the corporation did not receive the prior notice. In accordance with s. 607. 193(2)(b), F.S., the corporation did not receive the prior notice. In accordance with s. 607. 193(2)(b), F.S., the corporation did not receive the prior notice. In accordance with s. 607. 193(2)(b), F.S., the corporation did not receive the prior notice. In accordance with s. 607. 193(2)(b), F.S., the corporation did not receive the prior notice. In accordance with s. 607. 193(2)(b), F.S., the corporation did not receive the prior notice. In accordance with s. 607. 193(2)(b), F.S., the corporation did not receive the prior notice. In accordance with s. 607. 193(2)(b), F.S., the corporation did not receive the prior notice. Addition In accordance with s. 607. 193(2)(b), F.S., the corporation did not receive the prior notice. In accordance with s. 607. 193(2)(b), F.S., the corporation did not receive the prior notice. Addition In accordance with s. 607. 193(2)(b), F.S., the corporation did not receive the prior notice. In accordance with s. 607. 193(2)(b), F.S., the corporation did not receive the prior notice. In accordance with s. 607. 193(2)(b), F.S., the corporation did not receive the prior notice. In accordance with s. 607. 193(2)(b), F.S., the corporation did not receive the prior notice. In accordance with s. 607. 193(2)(b), F.S., the corporation did not receive the prior notice. In accordance with s. 607. 193(2)(b), F.S., the corporation did not receive the prior notice. In accordance with s. 607. 193(2)(b), F.S., the corporation did not recei	the obligations of registered agent.				_			
Corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE NAME STRET ADDRESS CITY-ST-2P THE NAME		o mie i applicable: (NOTE: R	legistered Agent signs	ture required when reinstatin		re		
Corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE NAME STREET ADDRESS CITY-ST-2P THE NAME STREET ADDRESS CITY-					In accordance with s. 6	507 193(2)(b) F	S the	
TITLE MARE MARE STREET ADDRESS CITY-ST-ZIP TITLE MARE STREET ADDRESS CITY-ST-ZIP MARE STREET ADDRESS CITY-ST-ZIP TITLE MARE STREET ADDRESS CITY-ST-ZIP MARE STRE	FILE NOW!!! FEE IS \$300.00				corporation did not rec	eive the prior n	otice.	
STREET ADDRESS OTY-ST-ZIP TAMPA, FL 33614 Delete	<u> </u>			ADDITIONS	/CHANGES TO OFFICERS A			
TITLE Delete TITLE TITLE Delete Delete TITLE Delete Delete		<u> </u>	NAME	TOMORUM	o Hernandez	DE.	_	
NAME SIREET ADDRESS CITY-ST-ZIP Delete ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS	· •			Tampa f	2 33618	adi	e cas	
STREET ADDRESS CITY-SI-ZIP Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE STREET AD	1	☐ Delete				☐ Change	Addition	
Change Addition Change Ch	STREET ADDRESS		STREET ADDRESS	r)	00103637	7110		
NAME SIRET ADDRESS CITY-ST-ZIP TITLE SIRET ADDRESS CITY-ST-ZIP SIRET ADDRESS CITY-ST-ZIP TITLE SIRET ADDRESS SIRET		□ Delete			<u> 11./070100401</u>	<u>4 **308.</u>		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			_					
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-S								
STREET ADDRESS CITY-ST-ZIP TITLE Delete ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE ORANGE STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE OBJECT NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing cloes not quarty for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is give any signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if	STREET ADDRESS		STREET ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE OBJECT STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling cloes not quarky for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is give any accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if	 	☐ Delete	· · · · · · · · · · · · · · · · · · ·			☐ Change	Addition	
CITY-ST-ZIP CITY-			_					
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not quarty for the exemptions contained in Chapter 119, Florida Statutes. I further certify that he information indicated on this report or supplemental robort is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if	SINEEL MOUNESS		STREET AUDRESS					
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling/does not quarty for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true applications and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or truesee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if	CITY-ST-ZIP		CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling/does not quarry for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental robort is frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if	TITLE	☐ Delete	TITLE			☐ Change	Addition	
indicated on this report or supplemental report is frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if	TITLE NAME STREET ADDRESS	☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition	
	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ontained in Chanter 1	9 Florida Statidae I further			
SIGNATURE: X 1 10 ts - 201 - 2017 (813) 91993	TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with I indicated on this report or supplemental poort is of the corporation or the receiver or trustee empty.	his filing toes not quarry for the fire and accurate and that my were so execute this report as	TITLE NAME STREET ADDRESS CITY-ST-ZIP exemptions co	ontained in Chapter 1 ave the same legal eff opter 607, Florida Statu	9, Florida Statutes. I further oct as if made under oath; the les; and that my name appea	certify that the int	formation	