PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~AR~~PLICATION FOR REINSTATEMENT

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

FILED
99 AUG 24 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000059963

1. Corporation Name

Hire Right, Inc.

300002970393--8
-08/26/99--01006--007
****908.75 ****908.75

Principal Place of Business	Mailing Address
202 ATP Tour Boulevard Suite 300 Ponte Vedra Beach, Fl 32082	202 ATP Tour Boulevard Suite 300 Ponte Vedra Beach, Fl 32082

REINSTATEMENT 98-99 (N)

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: July 15, 1996

5. FEI Number: 59-3316397 ☐ 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
D	William C. Bender	202 ATP Tour Blvd., Suite 300	Ponte Vedra Beach, Fl 32082
D/P	William D. Bender	202 ATP Tour Blvd., Suite 300	Ponte Vedra Beach, Fl 32082
D/S/T/	Olga Bender	202 ATP Tour Blvd., Suite 300	Ponte Vedra Beach, Fl 32082
D	Brent Roberts, Ph.D.	1418 A 17 Place	Tulsa, OK 74120

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
John S. Ball 1 Independent Drive, Suite 2600 Jacksonville, Florida 32202	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (12/96)

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: John S. Ball — REGISTERED AGENT MUST SIGN — Date: 8/20/99

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 provided on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

KE

SIGNATURE: _____ 8/19/99 (Date) (904) 280-0338 (Daytime Phone #)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William D. Bender, President