PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham **FOR** Secretary of State REINSTATEMENT FILED DIVISION OF CORPORATIONS DOCUMENT # P900000791044 98 MAR 26 AM 10: 46 hanotu Enterprises, INC. SECRETARY OF STATE TALLAHASSEE. FLORIDA Principal Place of Business 1000 5. Horbour Island Bld #2611 TAMPA, P.1. 33602 TAMPA, FI. 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 Date Incorporated or Qualified To Do Business in Florida Sulte, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable \$8.75 Additional Fee required for a Certificate of Status Country 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers and/or Directors City / State / Zip 1036 lapel (CES P-d) Ahanotu <u>0Ф0002478980--2</u> -04/06/98--01004--013 \*\*\*\*900.00 \*\*\*\*900.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name Chidi Atharoth 1000 S. Holm Jahr Blid 4764 At onger, M. 23602 Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. Zip Code 10. I, being appointed the registered agent of the above named corporation, in familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for information Intangible Personal Property tax due June 30. No 💹 Yes L 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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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