APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 MAR -8 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000108375S

1. Corporation Name
Hybrid Enterprises, Inc.

Principal Place of Business	Mailing Address
824 S. U.S. #1 Vero Beach, FL 32960	824 S. U.S. #1 Vero Beach, FL 32960

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

REINSTATEMENT 98-00

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
824 S. U.S. #1	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Vero Beach, Florida	City & State
Zip: 32960 Country: Indian River	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: December 29, 1997

5. FEI Number: 59-3484048 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P,S,T	Bradford Potts	824 S. U.S. #1	Vero Beach, FL 32960

400002172044--0
-03/16/00--01023--026
***1050.00 ***1050.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Bradford Potts 824 S U.S. #1 Vero Beach, FL 32960	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City: LS State: FL Zip Code

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: [signature] Date: 3/7/00
REGISTERED AGENT MUST SIGN

i. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)

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: [signature] 3/7/00 (561) 569-3439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #