PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 JUL 29 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700006735107--5
-07/29/02--01063--002
****917.50 ****917.50
AC 7/29/02

DOCUMENT # P98000028014

1. Corporation Name
THE Hydrogenio Corporation

2. Principal Office Address
16776 Bernardo Center Dr Ste 203

Suite, Apt. #, etc.
203

City & State
San Diego Ca

Zip: 92128 Country: USA

3. Mailing Office Address
SAME Ash 2

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 03/24/98

5. FEI Number 911853701 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
Schwartz Gold Cohen Zachary Zakarin & Rother, P.A. Attn Edward Cohen, Esq

Street Address (P.O. Box Number is Not Acceptable)
54 S W Boca Raton Blvd.

Suite, Apt. #, Etc.

City: Boca Raton State: FL Zip Code: 33432-4708

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 _____
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Chair	N Munro Merrick	15022 Paseo Del Mar	Del Mar, Ca 92014
Dir.	Robert Parker	415 Chestnut Ave #C	Coronado Ca 92008
Dir.	AJ Glenn III	1505 Sunny brook Farm Rd	Atlanta Ga 30350
Dir.	Charles Kallmann	11944 Caminito Corriente Corriente	San Diego, Ca 92128

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: Charles Kallmann - Director 25 July 02 858 485 0747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

State of Florida
Office of State Treasurer
Tallahassee, Florida

FOR OFFICIAL USE

DATE	NUMBER
06/24/2002	2 5581

DEBIT MEMORANDUM

P 000000 592 62

To: DEPARTMENT OF STATE

General Revenue Total	0.00
Trust Total	6,116.25
Other Total	0.00
Total	$6,116.25

ALL 4530

Distribution

Cross Ref	*Samas Code*	*Reason*	Amount
204	45-50-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	61.25
204	45-50-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	70.00
204	45-50-2-130001-45300100-00-000100-00	ACCOUNT CLOSED	78.75
204	45-50-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	80.00
204	45-50-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	150.00
204	45-50-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	150.00
204	45-50-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	150.00
204	45-50-2-130001-45300100-00-000100-00	ACCOUNT CLOSED	150.00
204	45-50-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	150.00
204	45-50-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	150.00
204	45-50-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	150.00
204	45-50-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	150.00
204	45-50-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	150.00
204	45-50-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	150.00
204	45-50-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	150.00
204	45-50-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	450.00
204	45-50-2-130001-45300100-00-000100-00	UNCOLLECTED FUNDS	558.75
204	45-50-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	900.00
204	45-50-2-130001-45300100-00-000100-00	OTHER	908.75
204	45-50-2-130001-45300100-00-000100-00	ACCOUNT CLOSED	1,358.75

F 6,116.25 / SF

91000087385569--1
-07/30/02--01006--002
****945.00 ****945.00

If there are any questions, contact Treasury Receipts Section at (850) 413-2772.

The above named fund(s) has been reduced by the amount of this check(s) under the authority of Section 215.34, F.S.

Process Date: 06/13/2002

State Treasurer

RECEIVED
02 JUN 26 AM 9:20
BUREAU OF LEGISLATIVE BUDGET AND MANAGEMENT

FOR OFFICIAL USE

DATE	NUMBER
06/19/2002	2 5462

State of Florida
Office of State Treasurer
Tallahassee, Florida

DEBIT MEMORANDUM

P02000005798 6

To: DEPARTMENT OF STATE

General Revenue Total	0.00
Trust Total	1,574.20
Other Total	0.00
Total	$1,574.20

4560 $219.00

4530 $1355.20

Distribution

Cross Ref	*Samas Code*	*Reason*	Amount
008	45-50-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	30.00
008	45-50-2-130001-45300100-00-000100-00	ACCOUNT CLOSED	50.00
008	45-50-2-130001-45300100-00-000100-00	ACCOUNT CLOSED	50.00
008	45-50-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	61.25
008	45-50-2-130001-45300100-00-000100-00	OTHER	61.25
008	45-50-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	61.25
008	45-50-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	61.25
008	45-50-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	93.75
008	45-50-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	70.00
008	45-50-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	70.00
008	45-50-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	70.20
008	45-50-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	72.00
008	45-50-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	78.75
008	45-50-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	87.50
008	45-50-2-130001-45300100-00-000100-00	OTHER	117.00
008	45-50-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	122.50
008	45-50-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	150.00
008	45-50-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	150.00
008	45-50-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	150.00

2000067384991
-07/30/02--01006--0015
*****93.75 *****93.75

Grand Total: $1,574.20

If there are any questions, contact Treasury Receipts Section at (850) 413-2772.

RECEIVED
02 JUN 20 PM 2:55
BUREAU OF BUDGET AND MANAGEMENT SERVICES

The above named fund(s) has been reduced by the amount of this check(s) under the authority of Section 215.34, F.S.

Tom Gallagher

Process Date: 06/06/2002

State Treasurer