

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 19: PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000104957

1. Corporation Name
OH, Inc.

REINSTATEMENT 03-04
900039311949
07/19/04--01072--008 **900.00

2. Principal Office Address
1000 NE 56 Street

3. Mailing Office Address
2455 E. Sunrise Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
#320

City & State
Fort Lauderdale, Fl.

City & State
Fort Lauderdale, Fl.

Zip
33334

Country
USA

Zip
33304

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 12/17/1998

5. FEI Number
650884596

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
C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

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

Barbara A. Burke

**BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY**

Date

7-7-04

REGISTERED AGENT MUST SIGN

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 |
|--------|--------------------------------------|---|----------------------------|
| PSTD | Inglis, Richard | 2455 E. Sunrise Blvd., Suite 320 | Fort Lauderdale, Fl. 33304 |
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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:

Richard Inglis, Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/12/04

Daytime Phone #

854-565-1977