

1052

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
07 JAN 10 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>PA98000104957</u> 1. Corporation Name <u>OH, Inc.</u>			
2. Principal Office Address <u>1000 NE 50TH Street</u> Suite, Apt. #, etc. <u>City & State</u> <u>Fort Lauderdale, FL</u> Zip <u>33334</u>		3. Mailing Office Address <u>2455 E. Sunrise Blvd.</u> Suite, Apt. #, etc. <u>#320</u> <u>City & State</u> <u>Fort Lauderdale, FL</u> Zip <u>33304</u>	
4. Date Incorporated or Qualified To Do Business in Florida <u>January 9, 2007</u>		5. FEI Number <u>65-0884596</u>	
6. CERTIFICATE OF STATUS DESIRED ☐		Applied For ☐ Not Application	

REINSTATEMENT

7. Name and Address of Current Registered Agent Name <u>Richard K. Inglis</u> Street Address (P.O. Box Number is Not Acceptable) <u>2455 E. Sunrise Blvd.</u> Suite, Apt. #, etc. <u>#320</u> City <u>Fort Lauderdale</u>		State <u>FL</u>	Zip Code <u>33304</u>
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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0245 or 617.0003, F.S.

Signature of Registered Agent: Richard K. Inglis Date: 1/9/07

REGISTERED AGENT DESIGNATION

9. Name and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
P/S/D	Richard K. Inglis	2455 E. Sunrise Blvd., Suite 320	Fort Lauderdale, FL 33304

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 taxes satisfy 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 contained in Chapter 119, 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 K. Inglis, President Date: 1/9/07 924-565-1977

Signature and Typed or Printed Name of Officer or Director

LOD - 03/03/03 CT System Online

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Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT

OH, INC.

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