PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION [redacted]

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

FILED
01 AUG -8 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000064478

1. Corporation Name
Hardcore Lifestyles, Inc.

2. Principal Office Address	**3.** Mailing Office Address
2620 Newport Dr.	2620 Newport Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Pierce	City & State: Ft. Pierce, FL
Zip: 34982 Country: USA	Zip: 34982 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 7/13/99

5. FEI Number 65-0938598 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Daley, Paul

Street Address (P.O. Box Number is Not Acceptable): 2620 Newport Dr.

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-08/21/01--01075--002
*****508.75 *****508.75

Suite, Apt. #, Etc.:

City: Ft. Pierce | State: FL | Zip Code: 34982

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: Paul K. Daley Date: 8-4-01
REGISTERED AGENT MUST SIGN

CR2E061 (9/00)

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
PD	Daley, Paul	2620 Newport Dr	Ft. Pierce, FL 34982
VPD	Prilik, Jonathan	2620 Newport Dr.	Ft. Pierce, FL 34982

REINSTATEMENT 00-01: 178

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 817.0401, 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: Paul K. Daley 8-4-01 561-332-5056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #