PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

	THE INCTITION OF THE C	
corporation 2000 UBR	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED 00 0CT 16 PM 12: 55
DOCUMENT # P990 1. Corporation Name OFF Lea	00099813 HSE Inc.	SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Office Address	3. Mailing Office Address	
Suite, Apt. #, etc. 35 O. Amond Dr	Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida /6/15/99
Bif Coppitt Fl	City & State	5. FEI Number Applied For Not Applica
33040 Country Monroe	Zip Country	CERTIFICATE OF STATUS DESIRED TO STATUS DE STATUS DESIRED TO STATUS DESIRED TO STATUS DESIRED TO STATUS DE STATUS DESIRED TO STATUS DESIRED TO STATUS DESIRED TO STATUS DE STATUS DESIRED TO STATUS DESIRED TO STATUS DE STATU
Name Aller Street Address (P.O. Box Number is Suite, Apt. #, Etc. 36 City Bi-6 Cof	Diamond Dr P. H	500003460035—8 -11/09/0001125035 ****158.75_ ****159 75 State Zip Code FL 33040
8. I, being appointed the registered agent of the ab Signature of Registered Agent	pre named corporation, am familiar with and accept the o	Date _/6 //2 / 11
Name of	and/or Director (Florida nonprofit corporations must list at le	
Pres Trevor Jones Vises Tveta Day	782 Diane Auc 27454 Guadaloupe	2; Hle Took Key F1 3304;
Sec Dwayne DAY	27454 GuadaLoupe	care Ramfood Key Fl 33042
Treas Allen Griffin	35 O. Amond Dr	Big Coppett FI 33040
Director Owayne Day	- 27454 Gradaloupel	n Ramfod Kay F1 33042

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 filling 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 e, and my signature shall have the same legal effect as if made under oath. on this application is true and accur

SIGNATURE:

SIGNATURE AND

DOR PRINTED NAME OF SIGNING OFFICER OF

305-295-8858

Daytime Phone #

Off Lease Inc.

35 Diamond Dr. Big Coppit Key FL, 33040. 305-295-8858 305-295-8627 fax

Florida Department of State

We opened our corporation 11/99. We never opened our business till 5/15/2000. We never received any letters from you stating that we needed to update this. We did not even have a mailbox because of current construction to get the business ready to open. I was told when I called to send in this letter and explain what has happened and to send ina 150.00. If there is any other needs please call me direct at 305-295-8858.

> Thank You Dwayne Day Secretary & Director