PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 APR 21 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000103317

REINSTATEMENT 00-03

1. Corporation Name
E+H Professional Investment Services, Inc.

2. Principal Office Address	**3.** Mailing Office Address
1225 Majestic Palm Ct	1225 Majestic Palm Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Apopka Florida	City & State: Apopka Florida
Zip: 32712 Country: Orange	Zip: 32712 Country: Orange

4. Date Incorporated or Qualified To Do Business In Florida: 11/22/99

5. FEI Number: 59-3610737 ☐ 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: Ronald Eiger - E+H Professional Investment Services, Inc.
Street Address (P.O. Box Number is Not Acceptable): 1225 Majestic Palm Ct
Suite, Apt. #, Etc.:
City: Apopka State: FL Zip Code: 32712

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: R Eiger Date: 4/10/3
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
P.P.	Ronald Eiger	1225 Majestic Palm Ct	Apopka FL 32712
P.P.	Todd A. Havemeister	700 Lake Ave	Maitland FL 32751

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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: R Eiger 4/10/3 (407) 916-1230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gr 4/22