

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 MAY 10 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05102006 REIN-P CR2E098 (11/05)

<b>DOCUMENT # P99000110850</b> 1. Entity Name <b>OHH INVESTMENTS, INC.</b>					
Principal Place of Business <b>1543 SAN LUIS RD. TALLAHASSEE, FL 32304</b>			Mailing Address <b>1543 SAN LUIS RD. TALLAHASSEE, FL 32304</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			4. FEI Number <b>59-3650131</b>		
7. Name and Address of New Registered Agent			Applied For <input type="checkbox"/> Not Applicable		
FLETCHER, JERRY R JR. 1543 SAN LUIS ROAD TALLAHASSEE, FL 32304			5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
Name			Applied For		
Street Address (P.O. Box Number is Not Acceptable)			Not Applicable		
City			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLETCHER, JERRY R 1543 SAN LUIS RD. TALLAHASSEE, FL 32304 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Fletcher, Diane H. 1543 San Luis Road Tallahassee FL 32304 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	600074340246 05/10/06--01024--010 ***308.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Diane H Fletcher</u>			5/10/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		