PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 21 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **P92000011971**

1. Corporation Name

HOSA, INC.

Principal Place of Business	Mailing Address
317 FLAGLER AVENUE NEW SMYRNA BEACH FL 32169	317 FLAGLER AVENUE NEW SMYRNA BEACH FL 32169

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: **12/15/1992**

5. FEI Number: **59-3156625** ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **$8.75 Additional Fee required for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PVSD	HOUSE, ROGER	317-A FLAGLER AVENUE	NEW SMYRNA BEACH FL
T	FERNANDEZ, DAVE	317-B FLAGLER AVE.	NEW SMYRNA BEACH FL

500023969975
10/21/03--01062--002 **150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CLARK, JOSEPH P 533 NORTH NOVA ROAD SUITE 115 ORMOND BEACH FL 32324	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/03)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent _____ Date 10/14/03
REGISTERED AGENT MUST SIGN

11. 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: (X) _____ DAVE FERNANDEZ, TREASURER 10/14/03 386)427-4664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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HOSA, INC.
317 Flagler Avenue
New Smyrna Beach, FL 32169

October 14, 2003

Division of Corporations
Annual Report/Reinstatement Section
Post Office Box 6327
Tallahassee, Florida 32314-6327

Re: Annual Report for Hosa, Inc.
Document #P92000011971 .

Dear Sir/Madam:

Enclosed is Application for Reinstatement and this corporation's check in the amount of $150 to cover the 2003 filing fee for the UBR pertaining to subject corporation.

Please be advised that we never received the two prior Uniform Business Report (UBR) notices, and are requesting that the reinstatement fee be waived due to said circumstances.

Thank you for your consideration in this matter.

Very truly yours,

Dave Fernandez
Treasurer/Director

/jc
Encs.