

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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

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

REGISTERED AGENT MUST SIGN

Date 10/14/03

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVE FERNANDEZ, TREASURER

10/14/03

386)427-4664

Date

Daytime Phone #

CR2E040 (7/03)

282

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

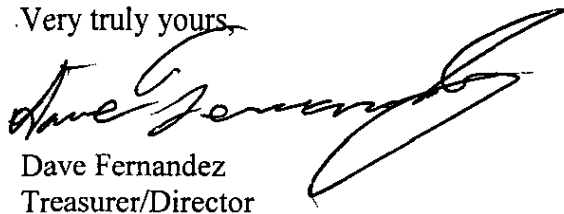
Dear Sir/Madam:

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.