

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

00 MAY 10 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

170911

1. Corporation Name

Hoosier Manor, Inc.

2. Principal Office Address

1405 14th Street West

Suite, Apt. #, etc.

City & State

Bradenton, Florida

Zip

34205

Country

U.S.A.

3. Mailing Office Address

1405 14th Street West

Suite, Apt. #, etc.

City & State

Bradenton, Florida

Zip

34205

Country

U.S.A.

100003275961--4

-06/05/00--01020--009

\*\*\*1200.00 \*\*\*1200.00

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\*\*\*\*\*8.75 \*\*\*\*\*8.75

9700

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

12-20-99

5. FEI Number

59-0681521

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

Larry R. Chulock, Esquire Harrison, Hendrickson, Douglass & Kirkland, P.A.

Street Address (P.O. Box Number is Not Acceptable)

1206 Manatee Avenue West

Suite, Apt. #, Etc.

City

Bradenton

State  
**FL**

Zip Code

34205

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 5-9-00

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
Pres.	Richard D. Cripe	1241 E.N. Shore Drive	Syracuse, IN 46567
V-P	Robert E. Cripe	1351 Somerset Court	Goshen, IN 46527
Sec.	Agnes L. Cripe	1300 Greencroft Drive #112	Goshen, IN 46526
Treas.	Carolyn L. Cripe	1241 E.N. Shore Drive	Syracuse, IN 46567

**KE**

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:

Richard D. Cripe

X

*[Signature]*

(219)457-3278

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #