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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 AUG 25 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 736816

1. Corporation Name
Hardee Association for Retarded Citizens, Inc.

REINSTATEMENT 03 - 05

Records AUG 25 2005

2. Principal Office Address	3. Mailing Office Address
2638 Merle Langford Rd.	P.O.Box 1372 Wauchula, FL 33873
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Zolfo Springs, FL	City & State: Wauchula, FL
Zip: 33890 Country: Hardee	Zip: 33873 Country: Hardee

4. Date Incorporated or Qualified To Do Business in Florida: 09/15/1976

5. FEI Number: 59-1672829 ☐ 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: Michael J. McCoy

Street Address (P.O. Box Number is Not Acceptable): 1753 Dena Circle

Suite, Apt. #, Etc.:

600058940396
09/24/05--01050--001 **367.50

City: Wauchula, FL State: FL Zip Code: 33873

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: Michael J. McCoy REGISTERED AGENT MUST SIGN Date: 8/22/05

CR2E081 (01/

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
O	Ethan Pinder	465 Hwy 64 E.	Zolfo Springs, FL 33890
O	Charles Matheny	4202 Sweetwater Rd.	Zolfo Springs, FL 33890
O	Marion Ratliff	112 N. 1st. Ave.	Wauchula, FL 33873
O	Lenora Lamb	465 Hwy 64 E.	Zolfo Springs, FL 33890
D	Ardell Marino	2758 State Rd. 66	Zolfo Springs, FL 33890
D	Marilyn Ford	1245 Broadus Williams	Zolfo Springs, FL 33890

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: Ethan E. Pinder Ethan E. Pinder 8/22/05 863-735-1121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Hardee Association For Retarded Citizens Incorporated

Winnie	Gordon	Director	6850 Mt. Pisgah Rd.	Fort Meade	33841
Joyce	McLeod	Director	3341 West Main Street	Wauchula	33873
Arleen	Platt	Director	5320 Cowpen Drive	Zolfo Springs	33890
Carlynne	Smith	Director	3674 St. Rd.	Zolfo Springs	33890
Bonnie	Keene	Director	533 West Carlton Street	Wauchula	33873
Katrina	Blandin	Director	115 K D Revell Rd	Wauchula	33873
Johnny	Grooms	Director	115 K D Revell Rd	Wauchula	33873
Randy	Johnson	Director	Highway 66	Zolfo Springs	33890

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