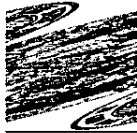


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JUL 16 AM 8:00

DOCUMENT # 753991

1. Corporation Name

Hospice Hundred, Inc.

**REINSTATEMENT**

00-04  
MRS

2. Principal Office Address

309 SE 18<sup>th</sup> St.

Suite, Apt. #, etc.

3. Mailing Office Address

309 SE 18<sup>th</sup> St

Suite, Apt. #, etc.

Attn: Kathleen Palmer

City & State

Fort Lauderdale FL

City & State

Fort Lauderdale FL

Zip

33316

Country

U.S.A

Zip

FL

Country

33316

4. Date Incorporated or Qualified  
To Do Business in Florida

8/28/80

5. FEI Number

59-2050770

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

Betty T. Schultze

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

3544 Barbados Ave

Suite, Apt. #, Etc.

City

Cooper City

State

FL

Zip Code

33026

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

Betty T. Schultze

REGISTERED AGENT MUST SIGN

Date

7-13-04

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
Pr	Sherry Schofield	1108 Orang Isle	Fort Lauderdale, FL 33315
Tr	Betty T. Schultze	3544 Barbados Ave	Cooper City, FL 33026
ktVP	Suzy Batzer	309 SE 18 <sup>th</sup> St	Fort Lauderdale FL 33315
and VP	Claudette Pagano	900 SE 6 <sup>th</sup> St	Fort Lauderdale FL 33301
Rec. Sec.	Pat Byrnes	309 SE 18 <sup>th</sup> St.	Fort Lauderdale FL 33315
Corp Sec	Kristen Kelleher.	1160 N. Federal Hwy #214	Fort Lauderdale FL 33304

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:

Betty T. Schultze

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-13-04

954-527-

3939 ext 251

Daytime Phone #

Betty T. Schultze, Treasurer

CR2E081 (01/04)