PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

14 JAN 02 PM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT
2010-2014

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F00000006671

CR2E001 (11/10)

1. Corporation Name

Karen A. Hoover, Inc.

2. Principal Office Address - No P.O. Box	3. Mailing Office Address
624 Nottingham Blvd	624 Nottingham Blvd
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: West Palm Beach, FL	City & State: West Palm Beach, FL
Zip: 33409 County: USA	Zip: 33409 County: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/01/2000

5. FEI Number: 880472272 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: COHN, BENNETT

Street Address (P.O. Box Number is Not Acceptable): 1806 OLD OKEECHOBEE ROAD

Suite, Apt #, etc.

City: WEST PALM BEACH State: FL Zip Code: 33409

400255089424
12/30/13--01027--001 **160.00

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

Signature of Registered Agent: [signature] Date: 12-26-13

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	KAREN HOOVER	624 Nottingham Blvd	West Palm Beach, FL 33409

10. E-mail Address: hr@actionlabor.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that if applying this reinstatement application, the name to be reinstated has been submitted, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. Further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: 12/26/2013 561-253-1211

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

K. ASHTON