

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  
03 DEC -1 AM 8:00

DOCUMENT # F02000003807

**1. Corporation Name**

The Office of Director for Healthcare Mission and His  
Successors, A Corporation Sole

700025231687  
12/04/03--01027--006 \*\*61.25

**2. Principal Office Address**

1175 N Courtenay Pkwy

**3. Mailing Office Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1 A

City & State

Merritt Island, FL

City & State

Zip

32953

Country

USA

Zip

Country

**REINSTATEMENT**

03  
MRS

**4. Date Incorporated or Qualified  
To Do Business in Florida**

7/25/2002

**5. FEI Number**

13-4221079

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

Sole Resources

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

1980 N Atlantic Ave

Suite, Apt. #, Etc.

Ste 602

City

Cocoa Beach

State

FL

Zip Code

32931

**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

11/19/03

**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
Director	Sheldon Hoxie	1175 N Courtenay Pkwy, Ste 1-A	Merritt Island, FL 32953

**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:

*[Signature]* Sheldon M. Hoxie, Director  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/21/03

Date

(321) 453-2558

Daytime Phone #

CR2081 (10/02)

282

**The Office of Director for Healthcare Mission and His Successors,  
A Corporation Sole**

1175 North Courtenay Parkway  
Suite 1A  
Merritt Island, FL 32953  
(321) 453-2555  
(321) 453-2586 Fax

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November 25, 2003

Florida Department of State  
Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

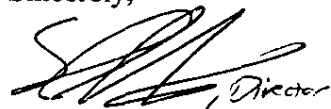
Re: Delinquent Fee Waiver Request

To whom it may concern,

I am writing to request that the Delinquent Fee for reinstatement of a corporation be waived at this time. I did not receive the UBR via mail for this corporation, and as such, it needs to be reinstated. Enclosed please find a check for 61.25 for reinstatement of the corporation.

Thank you for your assistance in this matter. If you have any questions, please contact me at your earliest convenience.

Sincerely,



Sheldon M. Hoxie, Director