

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUL 21 PH 4:03

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # F05000000188

1. Corporation Name

HF Administrative Services, Inc.

2. Principal Office Address - No P.O. Box #

1060 Sand Pond Road

3. Mailing Office Address

25 Broadway

Suite, Apt. #, etc

Suite, Apt. #, etc

9th Floor

City & State

Lake Mary, Florida

City & State

New York, NY

Zip

32746

Country

USA

Zip

10004

Country

USA

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
13-3873482

☐ 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

HF Management Services, LLC

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

1060 Sand Pond Road

Suite, Apt. #, Etc.

City

Lake Mary

State

FL

Zip Code

32746

800183191548
07-12-10 01053 015
\$1208.25
REINSTATEMENT
07-10

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of
Registered Agent

Date **7/19/2010**

REGISTERED AGENT MUST SIGN

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
CEO	Pat Wang	241 W 97th Street	New York, NY 10025
General Counsel	Elizabeth St. Clair	411 W 21st Street	New York, NY 10021
CFO	Marybeth Tita	16 Austin Street	New York, NY 11743

10. E-mail Address: **nrickets@healthfirst.org**

(To be used for future annual report notification)

11. 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 807.0401 or 817.0401, F.S., that all fees owed by the corporation have been paid. I 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.

SIGNATURE:

7/19/2010

212-810-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

207/21