

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F99000001243

1. Corporation Name

HQM AT BRADENTON I, INC.

Principal Place of Business

2401 PGA BLVD., STE. 155  
PALM BEACH GARDENS FL 33410

Mailing Address

2401 PGA BLVD., STE. 155  
PALM BEACH GARDENS FL 33410

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/05/1999

SF

5. FEI Number 65-0899360

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CPD	FAGO, ELIZABETH M	2401 PGA BLVD., STE. 155	PALM BEACH GARDENS FL 33410
V	WALCZAK, PAUL M	2401 PGA BLVD., STE. 155	PALM BEACH GARDENS FL 33410

700003455317-5  
-11/07/00--01076--008  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Deborah D. Skipper*  
REGISTERED AGENT MUST SIGN

Deborah D. Skipper  
as its agent

Date 10-27-00

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL WALCZAK

10-25-00 561-626-3300  
Date Daytime Phone #

FILED

00 OCT 30 PM 3: 50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 00

CR2E040 (800)