

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 FEB 10 PM 12:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K06325

**1. Corporation Name**

HILLIARD HEALTHCARE, INC

**2. Principal Office Address**

2317 BLANDING BLVD.

Suite, Apt. #, etc.

204 A

City & State

JACKSONVILLE, FL.

Zip  
32210

Country  
USA

**3. Mailing Office Address**

2317 BLANDING BLVD

Suite, Apt. #, etc.

204 K

City & State

JACKSONVILLE, FL.

Zip

32210

Country

USA

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

12/10/87

**5. FEI Number**

592863371

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$375 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

STEVEN W. SELL

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

614 Little Piney Isl.

Suite, Apt. #, Etc.

City

FERNANDINA BEACH

State  
FL

Zip Code  
32034

**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

Steven W. Sell

REGISTERED AGENT MUST SIGN

Date 2/3/2003

**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
P	STEVEN W. SELL	614 Little Piney Isl.	Fernandina Bch. FL 32034

**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:**

Steven W. Sell

STEVEN W. SELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/2003

Date

9043848868

Daytime Phone #

CR2E081 (10/02)

*Hilliard Healthcare, Inc*  
*2317 Blanding Blvd*  
*Jacksonville, FL 32210*

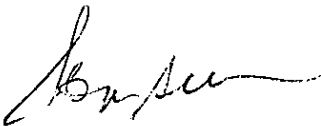
**To : Whom it May Concern**

**RE: Waiver of Reinstatement Fee**

**Hilliard Healthcare Inc. respectfully request to reinstate the Corporation Registration and is enclosing the reinstatement application.**

**It is also requesting a waiver of the cost to reinstate due to the fact that the post office box was discontinued . However, the mail was not properly forwarded in the last part of 2002, therefore we never received the application for renewal.**

**Enclosed please find a check for \$300.00, which is for fees for 2002 and 2003.**



**Thank You for your consideration,**  
**Steve Sell, President**