

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

07 JUN 20 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000002046

1. Corporation Name

'HODGES GROUP HOME INC.

REINSTATEMENT 04-07 RCS

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
4001 KALUGA PARK ST

3. Mailing Office Address
4001 KALUGA PARK ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ORLANDO FL

City & State
ORLANDO FL

Zip
32808 Country
USA

Zip
32808 Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida **03/06/2003**

5. FEI Number
72-1555327

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
DEBROAH B. HODGE

Street Address (P.O. Box Number is Not Acceptable)
4001 KALUGA PARK ST

Suite, Apt. #, Etc.

City
ORLANDO State
FL Zip Code
32808

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Deborah B. Hodge

REGISTERED AGENT MUST SIGN

Date **JUNE 19TH 2007**

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
PD	DEBROAH B. HODGE	4001 KALUGA PARK ST	ORLANDO FL 32808
VD	BILLY G. NEWTON	306 N DOLLINS AVE	ORLANDO FL 32805
STD	JOAN PERSON	1733 MERCY DRIVE	ORLANDO FL 32808

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06/26/07--01035--016 **245.00

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 contained in Chapter 119, 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:

Deborah B. Hodge
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUNE 19TH 2007

Date

Daytime Phone #