

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

**CORPORATION
REINSTATEMENT**



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

00 APR 21 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N12229

1. Corporation Name

Hudson Hope Center for Women, Inc.

2. Principal Office Address

3. Mailing Office Address

600 Bypass Drive

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 210

~~600 Bypass Drive~~ Ste 210

City & State

City & State

Clearwater, FL

Zip

Country USA

Zip

Country

33764

~~Pinellas~~

~~33764~~

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

11/25/1985

5. FEI Number

59-2648957

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

Berkley C. Badger

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

~~324 Westgate Road~~ 600 Bypass Drive, Suite #210

Suite, Apt. #, Etc.

Suite #210

City

Clearwater, FL

State

FL

Zip Code

33764

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

Date 3/7/00

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
Chairman	Berkley C. Badger	324 Westgate Road	Tarpon Springs, FL 34689
Director	James M. Davis	PO Box 817, Oldsmar, FL	Oldsmar, FL 34677
Director	Rev. Dr. John C. Price	PO Box 11291	Shady Hills, FL 34610-029
Director	David E. Jones	2488 Coronet Court	Spring Hill, FL 34609

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.

Berkley C. Badger, Chairman

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/00

Date

727-796-3339

Daytime Phone #

CR2E081 (9/99)