PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 19 PM 6:01

DOCUMENT # N23648

1. Corporation Name

HOME HEALTH, AND HOPE, INC.

Principal Place of Business	Mailing Address
3391 NE SILVER SPRING RD. G 11 OCALA FL 32670 US	PO BOX 6936 OCALA FL 34478 US

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: 11/30/1987

5. FEI Number: 59-2911265 ☐ 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
~~PED~~ P	NICHOLS, HORACE Joyce Johnson	P.O. BOX 6936 / NA 2006 N.W. 1st. St.	OCALA FL 34478 Ocala, FL 34475
~~VD~~ VP	PHILLIPS, PEARL	990 SE 58TH AVENUE	OCALA FL 34471
SD	BATCHELOR, PAT	1421 SW 27TH AVENUE, #1404	OCALA FL 34472
T	WESLEY, ROSE	9 CEDAR TREE PASS	OCALA FL 34472
D	GREENE, JANET	11553 NE 165TH STREET	CITRA FL 32113
D	ANDERSON, ELECTRA	P.O. BOX 222 N/A	WEIRSDALE FL 32195

8. Name and Address of Current Registered Agent

NICHOLS, HORACE
3391 NE SILVER SPRINGS BLVD.
OCALA FL 32670

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

10/30

CR2E040 (8/01)

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.

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-10/31/01--01060--002
*****61.25 *****61.25

Signature of Registered Agent: Horace L Nichols REQUIRED
REGISTERED AGENT MUST SIGN

Date: 10-15-01

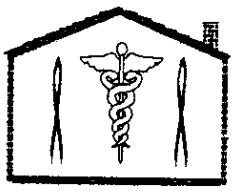
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the 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: Horace L Nichols REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-01
Date

352-368-6758
Daytime Phone #

Home, Health & Hope, Inc.



3391 NE Silver Springs Blvd., Suite G-2
Mailing Address: P.O. Box 6936, Ocala, Fl 34478
Ocala, FL 34470

Phone: (352)368-6768
Fax: (352-622-7524

DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION
P.O. BOX 6327
TALLAHASSEE, FL 32314-6327

Dear Ladies and Gentlemen:

Home, Health and Hope, Inc. document # N23648, wasn't aware of FILING for our 2001 annual report/uniform business report because we didn't received a notice of renewal. We apologize for any inconvience we caused the State Of Florida.

Sincerely,

Horace Nichols
Executive Director