PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 OCT 20 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N23648

1. Corporation Name
Home, Health + Hope, Inc.

REINSTATEMENT

CR2E081 (8/05)

2. Principal Office Address	3. Mailing Office Address
1469 N. Magnolia St.	P.O. Box 565
Suite, Apt. #, etc.: C	Suite, Apt. #, etc.:
City & State: Ocala, FL	City & State: Ocala, FL 34489
Zip: 34470 Country: U.S.	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: July 19, 2000

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. Name and Address of Current Registered Agent

Name: Horace Nichols
Street Address (P.O. Box Number is Not Acceptable): 101 Water Trak
Suite, Apt. #, Etc.:
City: Ocala State: FL Zip Code: 34472

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: Horace L. Nichols Date: 10-14-05
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
P	Horace Nichols	101 Water Trak	Ocala, FL 3447[illegible]
VP	Pearl Phillips	990 S.E. 58th Ave	Ocala, FL 34471
T	Rose Wesley	9 Cedar Tree Pass	Ocala, FL 34472
D	Electra Anderson	P.O. Box 222	Weirsdale, FL 32195
D	Gregory Watts	101 Water Trak	Ocala, FL 34472

10/25

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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: Horace L. Nichols 10-14-05 352 368 6168
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

1469 N. Magnolia Ave., Suite C
Ocala, FL 34470
Phone: 352-368-6768
Fax: (352) 368-9094

Home, Health, and Hope, Inc.

October 14, 2005

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

We did not receive our Annual Report Documents for 2005 and consequently missed the filing date. Please accept our late filing enclosed herewith.

Sincerely,

Horace L. Nichols

Horace Nichols
President