

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.

2. Principal Office Address

1469 N. Magnolia St.

Suite, Apt. #, etc.

C

City & State

Ocala, FL

Zip

34470

Country

U.S.

3. Mailing Office Address

P.O. Box 565

Suite, Apt. #, etc.

City & State

Ocala, FL 34489

Zip

Country

REINSTATEMENT

CR2E081 (8/05)

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 ☐

\$3.75 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 34472
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
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-14-05

Date

3523686168

Daytime Phone #

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

Home, Health, and Hope, Inc.

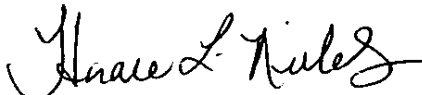
October 14, 2005

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 Nichols
President