2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT OC

FILED

06 NOV 27 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N23648

1. Entity Name
HOME HEALTH, AND HOPE, INC.

Principal Place of Business	Mailing Address
1469 N MAGNDIA ST C OCALA, FL 34470 US	PO BOX 565 SILVER SPRINGS, FL 34489 US

2. Principal Place of Business	3. Mailing Address
1469 N. Magnolia Ave	
Suite, Apt. #, etc. C	Suite, Apt. #, etc.
City & State Ocala,	City & State
Zip 34470 Country U.S.	Zip Country

11142006 REIN-NP CR2E099 (11/05)

4. FEI Number
59-2911265
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NICHOLS, HORACE 101 WATER TRACK OCALA, FL 34472	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Grace L. Nichols
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $61.25
After January 1, 2007, Fee will be $122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P NICHOLS, HORACE 101 WATER TRACK OCALA, FL 34472	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000092134720 11/29/06--01026--004 **61.95
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PHILLIPS, PEARL 990 SE 58TH AVENUE OCALA, FL 34471	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WESLEY, ROSE 9 CEDAR TREE PASS 0CALA, FL 34472	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDERSON, ELECTRA P.O. BOX 222 N/A WEIRSDALE, FL 32195	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WATTS, GREGORY 101 WATER TRAK OCALA, FL 34472	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Grace L. Nichols 11-21-06 352-368-6768
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JC 11/22