

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT

FILED

06 NOV 27 PM 4:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                               |  |                                                                                   |
|-----------------------------------------------|--|-----------------------------------------------------------------------------------|
| DOCUMENT # N23648                             |  |  |
| 1. Entity Name<br>HOME HEALTH, AND HOPE, INC. |  |                                                                                   |

|                                                                              |                                                              |
|------------------------------------------------------------------------------|--------------------------------------------------------------|
| Principal Place of Business<br>1469 N MAGNOLIA ST<br>C<br>OCALA, FL 34470 US | Mailing Address<br>PO BOX 565<br>SILVER SPRINGS, FL 34489 US |
|------------------------------------------------------------------------------|--------------------------------------------------------------|

|                                                       |                    |
|-------------------------------------------------------|--------------------|
| 2. Principal Place of Business<br>1469 N Magnolia Ave | 3. Mailing Address |
|-------------------------------------------------------|--------------------|

|                          |                     |
|--------------------------|---------------------|
| Suite, Apt. #, etc.<br>C | Suite, Apt. #, etc. |
|--------------------------|---------------------|

|                        |              |
|------------------------|--------------|
| City & State<br>Ocala, | City & State |
|------------------------|--------------|

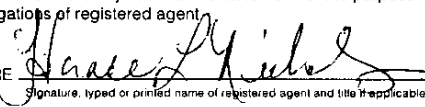
|              |                 |     |         |
|--------------|-----------------|-----|---------|
| Zip<br>34470 | Country<br>U.S. | Zip | Country |
|--------------|-----------------|-----|---------|

11142006 REIN-NP CR2E099 (11/05)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-2911265 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

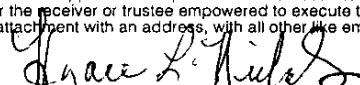
|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|-----------------------------------------------------------|--------------------------------|

|                                                                                                          |  |
|----------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br>NICHOLS, HORACE<br>101 WATER TRACK<br>OCALA, FL 34472 |  |
|----------------------------------------------------------------------------------------------------------|--|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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.<br>SIGNATURE <br>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<br>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<br>Florida Department of State |
|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------|

|                                                |                                                                                                   |                                                       |                                                                                                                     |
|------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| 10. OFFICERS AND DIRECTORS                     |                                                                                                   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>NICHOLS, HORACE<br>101 WATER TRACK<br>OCALA, FL 34472 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>000082134720<br>11/29/06--01026--004 **\$61.95 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>PHILLIPS, PEARL<br>990 SE 58TH AVENUE<br>OCALA, FL 34471 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>WESLEY, ROSE<br>9 CEDAR TREE PASS<br>OCALA, FL 34472 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ANDERSON, ELECTRA<br>P.O. BOX 222 N/A<br>WEIRSDALE, FL 32195 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WATTS, GREGORY<br>101 WATER TRAK<br>OCALA, FL 34472 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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 I am empowered. |                                                 |
| SIGNATURE: <br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Date<br>11-21-06 352368-6768<br>Daytime Phone # |

XC 11/27