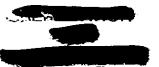
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State **DIVISION OF CORPORATIONS**

N96000005165

1. Corporation Name

DOCUMENT #

HALS GROUP HOME, INC.

Principal Pla	ce of Business	
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Mailing Address

20335 WILKIE AVE PORT CHARLOTTE FL 33954

Suite, Apt. #, etc.

City & State

20335 WILKIE AVE

PORT CHARLOTTE FL 33954

Suite, Apt. #, etc.

City & State.

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

'r	

	SECRETARY OF STATE TALLAHASSEE, FLORES
ا	

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FILED

03 JAN -2 AM 8:50

Date Incorporated or Qualified To Do Business in Florida	10/03/1996		
5. FEI Number 65-0529136	Applied For		
.00 0023,100	Not Applicable		
6. CERTIFICATE OF STATUS DESIRED	\$8.75 Additional Fee require		

Zip	Country	Zip	Country	6. CERTIFICAT	E OF STATUS DESIRED S8.75 Additional Fee requirements for a Certificate of Status	
7. Names	and Street Addresses of Each Officer and	d/or Director (Flori	da nonprofit corporations must list at l	least 3 directors)		
Title(s)	Name of Officers and/or Directors		Street Address of Ea Officer and/or Direct		City / State / Zip	
D	HALS, CATHERINE		20335 WILKIE AVE	C	PORT CHARLOTTE FL 33954	
D	HALS, IAN		20335 WILKIE AVE	· · · · · · · · · · · · · · · · · · ·	PORT CHARLOTTE FL 33954	
D	STOLL, CHRISTINA		20335 WILKIE AVE		PORT CHARLOTTE FL 33954	
	8. Name and Address of Current	Registered Agen		9. Name and	Address of New Registered Agent	
	CATHERINE		Name			
20335 WILKIE AVE PORT CHARLOTTE FL 33954				Street Address (P.O. Box Number is Not Acceptable)		

Suite, Apt. #, Etc.

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. or 617.0505, F.S.

Zip Code

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.

HALS GROUP HOME, INC. 20335 WILKIE AVE PORT CHARLOTTE, FL 33954

December 26, 2002

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

Ref: UBR Notices

Document # N96000005165

Dear Sir or Madam:

Please be advised that I did not receive any UBR Notices for the 2002 Annual Report.

I am enclosing a check in the amount of \$61.25 for the Annual Report Fees for a not-for-profit corporation.

If you have any questions, please call me at 941-624-0927.

Sincerely,

Catherine Hals

President