

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000005165

1. Corporation Name

HALS GROUP HOME, INC.

Principal Place of Business

20335 WILKIE AVE
PORT CHARLOTTE FL 33954

Mailing Address

20335 WILKIE AVE
PORT CHARLOTTE FL 33954

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/03/1996

5. FEI Number

65-0529136

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)

2

Name of Officers
and/or Directors

3

Street Address of Each
Officer and/or Director

4

City / State / Zip

D

HALS, CATHERINE

20335 WILKIE AVE

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 Agent

HALS, CATHERINE
20335 WILKIE AVE
PORT CHARLOTTE FL 33954

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date *12-29-02*

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-29-02

CR2E040 (8/02)

20f2

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