

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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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 Mailing Address  
20335 WILKIE AVE 20335 WILKIE AVE  
PORT CHARLOTTE FL 33954 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

2002 UBR

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



600009781836  
01/02/03--01025--001 \*\*61.25

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	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 Zip Code  
FL

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 Date 12-29-02  
REGISTERED AGENT MUST SIGN

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)(f), 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 Date 12-29-02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/02)

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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

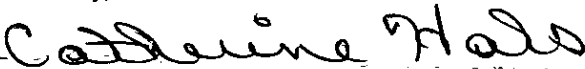
Dear Sir or Madam:

**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