

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N97000002237

1. Corporation Name

Health Promotion Program Initiatives, Inc.

2. Principal Office Address

2639 No. Monroe Street
Suite 118-B

3. Mailing Office Address

2639 No. Monroe Street
Suite 118-B

Suite, Apt. #, etc.

Suite 118-B

Suite, Apt. #, etc.

Suite 118-B

City & State

Tallahassee, Florida

City & State

Tallahassee, Florida

Zip

32303

Country

USA

Zip

32303

Country

USA

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/18/1997

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Gregory J. Harris

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

2364 Ryan Place

Suite, Apt. #, Etc.

City

Tallahassee, Florida

State

FL

Zip Code

32309

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

**Signature of
Registered Agent**

Gregory J. Harris,

Date 12/11/01

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Calvin J. McFadden	2781 Wade Trail	Tallahassee, FL 32310
Treas	Beverly J. Robinson	P.O. Box 492051	Leesburg, FL 34749
Secy	Karen K. Edwards	5061 Jeanette Drive	Marianna, FL 32448

10. 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

Calvin J. McFadden

12/11/01

850-212-4735

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

01 DEC 11 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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