

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 24 AM 11:19

DOCUMENT # N98000001009

1. Corporation Name

HOPE - HI REHAB & ELDERLY FACILITY, INC.

Principal Place of Business

Mailing Address

8025 BAYMEADOWS CIRCLE E., #1702  
JACKSONVILLE FL 32256

8025 BAYMEADOWS CIRCLE E., #1702  
JACKSONVILLE FL 32256



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

4. Date Incorporated or Qualified  
To Do Business in Florida

02/20/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

62-1730128

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	HOLT, EDWARD L	8025 BAYMEADOWS CIRCLE E., #1702	JACKSONVILLE FL 32256
D	HOLT, CLEMERTINE H	8025 BAYMEADOWS CIRCLE E., #1702	JACKSONVILLE FL 32256
D	CLINTON, TARYN C	8025 BAYMEADOWS CIRCLE E., #1702	JACKSONVILLE FL 32256
			600003455296-2 -11/07/00-01079-001 *****70.00 *****70.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HOLT, EDWARD L  
8025 BAYMEADOWS CIRCLE E., #1702  
JACKSONVILLE FL 32256

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.

Signature of  
Registered Agent

*Signature Requested*

Date 10-19-00

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)(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 Requested*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-19-00 (904)730-8547