

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 13 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N98000001009**

1. Corporation Name

**HOPE-HI Rehab + Elderly
Facility, Inc.**

2. Principal Office Address

38 E. 17th Street

Suite, Apt. #, etc.

Jacksonville, FL

City & State

Zip

32206

Country

DUVAL

3. Mailing Office Address

38 E. 17th Street

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32206

Country

DUVAL

REINSTATEMENT

02-04

4. Date of Incorporation **02/05/04**
To Do Business in Florida **02/12/04** **01005--005** ****183.75**

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

Edward L. Holt

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

7901 Baymeadows Cir E.

Suite, Apt. #, Etc.

360

City

Jacksonville

State

FL

Zip Code

32256

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

Edward Lee Holt

REGISTERED AGENT MUST SIGN

Date **02-05-04**

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
Owner	Edward L. Holt Clementine H. Holt	7901 Baymeadows Cir E. # 360	Jacksonville, FL 32256
Dir.	Taryn Clinton	7901 Baymeadows Cir E. # 360	Jacksonville, FL 32256
Ass't Dir.	Theresa A. Holt	2153 Newberry Rd.	Jacksonville, FL 32218
Fin. Adv.	Christopher A. Holt	Cranberry Isleway	Apopka, FL 32712
Ass't Fin.	Felicia Holt	Cranberry Isleway	Apopka, FL 32712
man/ sup	Ted M. Holt	2153 Newberry Rd	Jacksonville, FL 32218

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:

Edward Lee Holt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-05-04

Date

Daytime Phone #

CR2E081 (10/02)

ARTICLE IX

The name(s) and street address(es) of the incorporator(s) for these articles of incorporation is (are):

<u>NAME</u>	<u>ADDRESS</u>
1. Edward Lee Holt - Owner	7901 Baymeadows Circle East #360 Jacksonville, FL 32256
2. Clemertine H. Holt- Ass't Owner	7901 Baymeadows Circle East #360 Jacksonville, FL 32256
3. Taryn C. Clinton - Director	7901 Baymeadows Circle East #360 Jacksonville, FL 32256
4. Theresa Ann Holt - Director Ass't	2153 Newberry Road Jacksonville, FL 32218
5. Christopher A. Holt - Financial Advisor	2110 Cranberry Islesway Apopka, FL 32712
6. Felicia Holt - Financial Advisor Ass't	2110 Cranberry Islesway Apopka, FL 32712
7. Ted M. Holt - Manager/Supvisor	2153 Newberry Road Jacksonville, FL 32218

The undersigned incorporation(s) has (have) executed these Articles this _____
Day of _____ 2004.

Signature(s) of Incorporator(s):

1. Edward L. Holt Edward Lee Holt
2. Clemertine H. Holt Clemertine H. Holt
3. Taryn C. Clinton Taryn C. Clinton
4. Theresa A. Holt Theresa A. Holt
5. Christopher A. Holt Christopher A. Holt
6. Felicia Holt Felicia Holt
7. Ted Holt Ted M. Holt

February 5, 2004

Florida Department of State
Division of Corporations
Corporate Records
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir or Madam:

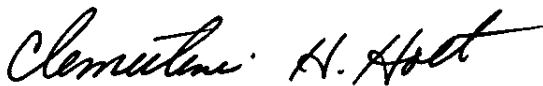
We did not receive the Corporation Reinstatement Forms that was sent out in the past years because we moved to another location.

Enclosed you will find a Money Order in the amount of \$183.75 for Reinstatement of HOPE – HI REHAB & ELDERLY FACILITY, INC.

Document # N98000001009.

Thank you for your cooperation in this matter.

Sincerely,

A handwritten signature in cursive script, reading "Clemertine H. Holt".

Clemertine H. Holt
Owner