

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 NOV 26 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000001671

1. Corporation Name

HOLDEN HEIGHTS RESIDENTIAL CARE FACILITY, INC.

Principal Place of Business

Mailing Address

817 24TH STREET
ORLANDO FL 32805

817 24TH STREET
ORLANDO FL 32805



REINSTATEMENT

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

03/16/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3500622

Applied For

Not Applicable

City & State

City & State

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
P	HOPKINSON-CARTER, ALICIA	817 24TH STREET	ORLANDO FL 32805
D	CHAMBERLAIN, ANTHONY	817 24TH STREET	ORLANDO FL 32819
D	EDINGORO, JOAN	7073 SCRUBOAK LANE	ORLANDO FL 32818
D	DESHAY, JAMES	830 LAKE MANN DRIVE	ORLANDO FL 32805
D	QUINTAL, JAY DR	215 PRINCE CHARLES LANE	WINTER PARK FL 32792
			700004721407--0 -12/12/01--01085--003 *****175.00 *****175.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HOPKINSON-CARTER, ALICIA
817 24TH STREET
ORLANDO FL 32805

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.

Signature of
Registered Agent Alicia Hopkinson-Carter
REGISTERED AGENT MUST SIGN

Date 10/15/2001

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:

Alicia Hopkinson-Carter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/15/2001