PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMEN



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

N98000002889 DOCUMENT #

1. Corporation Name

HOLIDAY HOPE, INC.

Principal Place of Business

Mailing Address

C1E1 OF 1EATH AVE

FILED

03 OCT 21 AM 8: 12

SECRETARY OF STATE TALLAHASSEE, FLORIDA

RRISTON FL 32668 MORRISTON FL 32668						
			REIN	STATEM		}
If above addresses are incorrect in any way, line thro	ough incorrect information and enter	correction below.	ពិតិយោពន	30,31	COMP. PARTY	Service y
2. New Principal Office Address, if Applicable 18225 NW 160 AVE.	New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 02/14/1997			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<u></u>	5. FEI Number		Applied	15
City & State 1	City & State			59-3427043	- ' ' '	plicable
32696 Country SA	zip32696 Countr	SA	6. CERTIFICATE (OF STATUS DESIRED	\$8.75 Additional Fee for a Certificate of	required Status
7. Names and Street Addresses of Each Officer and/o	or Director (Florida nonprofit corpora	tions must list at least	3 directors v t			
Title(s) Name of Officers and/or Directors	Stre	eet Address of Each icer and/or Director	2 7 2 2 2 2 2		/ State / Zip 25	
D ALEXANDER, PAT	6151 SE 150 AVE		<u></u>	MORRISTON FL 3266	58	
2						
P Greg Egan	18225	NW 160,	Ave.	WILLISTON FL 32696 WILLISTON	, FL. 32	696
- PATRICIA, HELMS John Shields	1553 NE 165TH 3	YW HWY	225	CITRA FL 32113 Reddick,	FL. 326	86_
JONES, DEBRA	547 NW 2 AVE 852	IN 2 AV	e. '	WILLISTON FL 32696		
MD CHARON VOULANC	ACED NE COATIL			WILLIOTON EL GOGGO		-
S) SHARON, YOUMANS Kim Law	1891 1	TCR 318	3	WILLISTON FL 32698 Citra F	L. 32113	
1 Ralph Payne	113311	VW 20th	St.	Ocala, F	L.3448	2
8. Name and Address of Current Registered Agent			. Name and Ad	idress of New Register	ed Agent	
PATRICIA, ALEXANDER		NameGrea	Egar	<u> </u>	· ·	703
6151 SE 150TH AVE		Street Address (Plo). Box Number is	Not Acceptable)		£04(
MORRISTON FL 32668		Suite, Apt. #, Etc.	<u>/vw i</u>	00 7 NC.		
		City Willis	ston,	s F	tate Zip Code L 356	16
10. I, being appointed the registered agent of the above	ve named corporation, am familiar wi	th and accept the oblig	ations of Section	n 607.0505,,F.S. or 617.	0505, F.S.	
		J				ſ
		/\	- -	-141		}
Signature of Registered Agent	aliyandi	/ leg (3en	· · · · · · · · · · · · · · · · · · ·	503_	
Olytoping RARE	GISTERED AGENT MUST SIGN	new P	48	James James	<u> </u>	

11. I certify that I am an officer or directs 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.