PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 21 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N98000002889**

1. Corporation Name

HOLIDAY HOPE, INC.

Principal Place of Business	Mailing Address
6151 SE 150TH AVE MORRISTON FL 32668	6151 SE 150TH AVE MORRISTON FL 32668

REINSTATEMENT 03

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
18225 NW 160 Ave.	18225 NW 160 Ave.
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: Williston, FL	City & State: Williston, FL
Zip: 32696 Country: USA	Zip: 32696 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 02/14/1997

5. FEI Number: 59-3427043 ☐ Applied For ☐ Not Applicable

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)

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10/21/03--01147--024 **236.25

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City/State/Zip 4
D	ALEXANDER, PAT	6151 SE 150 AVE.	MORRISTON FL 32668
~~D~~ P	~~BAIN, JEAN~~ Greg Egan	~~16030 NE 3 PL~~ 18225 NW 160 Ave.	~~WILLISTON FL 32696~~ Williston, FL. 32696
~~S~~ V	~~PATRICIA, HELMS~~ John Shields	~~1553 NE 185TH ST~~ 14495 NW Hwy 225	~~CITRA FL 32113~~ Reddick, FL. 32686
~~D~~ T	JONES, DEBRA	~~547 NW 2 AVE~~ 852 NW 2 Ave.	WILLISTON FL 32696
~~MD~~ S	~~SHARON, YOUMANS~~ Kim Law	~~4252 NE 204TH AVE~~ 1891 NW CR 318	~~WILLISTON FL 32696~~ Citra, FL. 32113
D	Ralph Payne	11331 NW 20th St.	Ocala, FL. 34482

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
PATRICIA, ALEXANDER 6151 SE 150TH AVE MORRISTON FL 32668	Name: Greg Egan Street Address (P.O. Box Number is Not Acceptable): 18225 NW 160 Ave. Suite, Apt. #, Etc. — City: Williston, State: FL Zip Code: 32696

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent: SIGN Patricia Alexander Outgoing RA — Greg Egan New RA — Date: 10-15-03
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: SIGN Debra F. Jones — Debra F. Jones — 10-15-03 — (352) 528-2801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #