

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAY 10 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000078797

1. Corporation Name

HEALTHCARE INTERIORS, INC.

Principal Place of Business

1400 NE ELEANOR AVE
JENSEN BEACH FL 34957

Mailing Address

1400 NE ELEANOR AVE
JENSEN BEACH FL 34957

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/21/2000

5. FEI Number

651034924

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PT	MCCRARY, JOSEPH W SR	1400 NE ELEANOR AVE	JENSEN BEACH FL 34957
VS	MCCRARY, DELENE	1400 NE ELEANOR AVE	JENSEN BEACH FL 34957

300005575393--0
-05/21/02--01001--019
****900.00 ****900.00

8. Name and Address of Current Registered Agent

BEAUCHAMP, JOSEPH W SR
759 S FEDERAL HWY, STE 302
STUART FL 34994

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date

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:

Era Delene McCrary, V.P. & Sec.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

772-334-7299

CR2E040 (8/01)