

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

HEALTHCARE INTERIORS, INC.

2. Principal Office Address

701 SEAFARER CIRCLE

Suite, Apt. #, etc.

UNIT 104

City & State

JUPITER, FL

Zip

33477

Country

USA

3. Mailing Office Address

P.O. BOX 607

Suite, Apt. #, etc.

City & State

JENSEN BEACH, FL

Zip

34957

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

08/21/00

5. FEI Number

651034924

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

FILED

06 MAY -5 AM 9:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400075285384

05/25/06--01019--021 \*\*900.00

CR2E081 (12/05)

**7. Name and Address of Current Registered Agent**

Name

DELENE MCCRARY

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

701 SEAFARER CIRCLE

Suite, Apt. #, Etc.

UNIT 104

City

JUPITER

State

FL

Zip Code

33477

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

4/25/06

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
P	JOSEPH W. MCCRARY, SR.	701 SEAFARER CIRCLE, UNIT 104	JUPITER, FL 33477
T	"	"	"
V	DELENE MCCRARY	701 SEAFARER CIRCLE, UNIT 104	JUPITER, FL 33477
S	"	"	"

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 contained in Chapter 119, 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/20/06

Daytime Phone #

404-406-7811