

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 16 PM 2:41

DOCUMENT # P00000087548

1. Corporation Name

HABILITATIVE SERVICES GROUP, INC.

Principal Place of Business

600 BYPASS DRIVE
SUITE 217
CLEARWATER FL 33764

Mailing Address

600 BYPASS DRIVE
SUITE 217
CLEARWATER FL 33764

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/15/2000

5. FEI Number

94-3373401

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	ROBINSON, JEAN F	600 BYPASS DRIVE; SUITE 217	CLEARWATER FL 33764
VD	KEMOKAI, FESTINA D	600 Bypass Drive Suite 217	CLEARWATER, FL 33764

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

Jean F Robinson

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

536 Cypress Bend

Suite, Apt. #, Etc.

City

Oldsmar

State

FL

Zip Code

34677

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

Jean F Robinson
REGISTERED AGENT MUST SIGN

Date 10-15-2003

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.

Jean F. Robinson

SIGNATURE:

Jean F Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-2003; 727-723-8900
Date Daytime Phone #

CR2E040 (7/03)

Habilitative Services Group, Inc.

October 15, 2003

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
409 East Gaines Street
Tallahassee, FL 32399

Dear Sir or Madam:

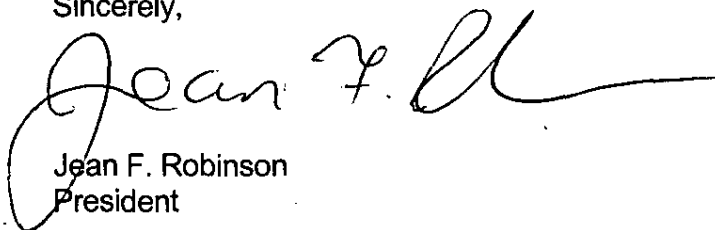
I would like to respectfully request a waiver of the Reinstatement Penalty Fee of \$600.00 for Habilitative Services Group, Inc. The corporation did not receive the Annual Report Form/Uniform Business Report.

Attached please find a check in the amount of \$150.00 for said filing fees. Also attached is a separate check in the amount of \$17.50 to cover the cost for two (2) copies of a Certificate of Status.

In addition, I have enclosed a self-addressed, pre-paid express mail label and envelope, so that the Certificates of Status can be mailed to me.

If you have any questions or concerns, I can be reached at 727-692-8881.

Sincerely,



Jean F. Robinson
President