

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAR 25 AM 8:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Health Opportunity Technical Center, Inc.

PO1000064100

2. Principal Office Address

111 NW 183rd St.

Suite, Apt. #, etc.

402

City & State

Miami, FL

Zip

33169

Country

US

3. Mailing Office Address

111 NW 183rd St.

Suite, Apt. #, etc.

402

City & State

Miami, FL

Zip

33169

Country

US

REINSTATEMENT

000014679840

03/25/03--01041--009 **900.00

4. Date Incorporated or Qualified
To Do Business in Florida

06/27/2001

5. FEI Number

58-2634964

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Willa Range

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

3604 SW 165th Avenue

Suite, Apt. #, Etc.

City

Miramar

State

FL

Zip Code

33027

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

Willa Range

Date 03/20/03

REGISTERED AGENT MUST SIGN

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
D	Carol Johnson	8069 Lake Point Court	Plantation, FL 33322
D	Willa Range	3604 SW 165th Avenue	Miramar, FL 33027
D	Shelia McKenzie-Foster	16523 SW 36th Court	Miramar, FL 33027

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 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:

Willa Range

Willa Range, Director

03/20/03

305/249-2275

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)