


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED

07 JAN 25 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100086810571
01/31/07--01031--019 **450.00

CR2E081 (1/07)

DOCUMENT # P04000148542

1. Corporation Name

HANOVER Care, Inc.

2. Principal Office Address - No P.O. Box #

1889 SW Lafgren Ave

Suite, Apt. #, etc.

3. Mailing Office Address

1889 SW Lafgren Ave

Suite, Apt. #, etc.

City & State

Port Saint Lucie, FL

Zip
34953

Country

USA

City & State

Port Saint Lucie, FL

Zip
34953

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/28/2004

5. FEI Number

50-2486470

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$5.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Charine Elliott

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

7369 Wescott Terrace

Suite, Apt. #, Etc.

City

LAKE WORTH

State

FL

Zip Code

33467

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Charine Elliott

REGISTERED AGENT MUST SIGN

Date 1/19/07

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	Charine Elliott	7369 Wescott Terrace	LAKE WORTH, FL 33467
V	Julia Mattis	7408 Thornlee Drive	LAKE WORTH, FL 33467
S/H	Sharrol Elliott	7369 Wescott Terrace	LAKE WORTH, FL 33467

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:

Charine Elliott CHARINE ELLIOTT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/07 561-308-7668

Date

Daytime Phone #

As per telephone conversation
with Sharrol Elliott on
1/19/07

JC 1/26