

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2012 DEC 28 AM 2:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P05000080993**

1. Corporation Name

**HPLS Assisted Living Inc**

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

**300 East Kaley St**

Suite, Apt. #, etc.

City & State

**Orlando FL**

Zip

**32806**

Country

**U.S.A**

3. Mailing Office Address

**300 East Kaley St**

Suite, Apt. #, etc.

City & State

**Orlando FL**

Zip

**32806**

Country

**U.S.A**

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

**08/05**

5. FEI Number

**202952282**

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

**Hazel Pinard-David**

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

**300 East Kaley St**

Suite, Apt. #, Etc.

City

**Orlando**

State

**FL**

Zip Code

**32806**

**400243124034**  
**12/28/12--01017--015 \*\*750.00**

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

**Hazel Pinard-David**

REGISTERED AGENT MUST SIGN

Date

**12-26-12**

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
ADMINIS- TRATOR	Hazel Pinard-David	300 East Kaley St. Orlando FL 32806	Orlando FL 32806

10. E-mail Address:

**Sabreab@hotmail.com**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE

**Hazel Pinard-David**

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12-26-12**

Home Phone #

**407383  
7071**