

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 NOV 24 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000089306

1. Corporation Name

HSSI OF GEORGIA, INC.

Principal Place of Business

Mailing Address

6245 N FEDERAL HWY
STE 400
FT LAUDERDALE FL 33308
US

6245 N FEDERAL HWY
STE 400
FT LAUDERDALE FL 33308
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Same

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 500

Suite 500

City & State

City & State

Same

Same

Zip

Zip

Same

Same

Country

Country

Same

Same

REINSTATEMENT

98

4. Date Incorporated or Qualified To Do Business in Florida

12/09/1994

5. FEI Number

65-0542614

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City & State
1	2	3	4
-PTD-	CASS, RONALD-A	6245 N FEDERAL HWY #500	FT LAUDERDALE FL 33308
-VS-	SHIELDS, BOBBY	6245 N FEDERAL HWY #400	FT LAUDERDALE FL
P	Ron Lusk	6245 N. Federal Hwy #500	Ft. Laud, Fl 33308
D	Joe Williams, Jr.	6245 N. Federal Hwy #500	Ft. Laud, Fl 33308

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SHIELDS, BOBBY
6245 NORTH FEDERAL HWY
SUITE 400
FT LAUDERDALE FL 33308

Name *Ron Lusk*
Street Address (P.O. Box Number is Not Acceptable) *6245 North Federal Hwy*
Suite, Apt. #, Etc. *Suite 500*
City *Fort Lauderdale* State *FL* Zip Code *33308*

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.

Signature of Registered Agent

[Signature] **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date *11/23/98*

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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)(f), 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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/23/98 (954) 771-0400
Date Daytime Phone #