

TRANSMITTAL LETTER

P95000048280

Department of State
Division of Corporations
P. O. 6327
Tallahassee, FL 32314

300001517113
-06/20/95--01035--017
*****70.00 *****70.00

SUBJECT: Hibiscus House, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Please return the photocopy to me with the filing date stamped on it.

FROM: Margaret Armstrong
Name (printed or typed)
4585 Citrus Blvd.
Address
Cocoa, Florida 32926
City, State & Zip
(407) 632-9034
Daytime Telephone Number

956/21
95 JUN 19 AM 10:47
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Articles of Incorporation

1. The name of the corporation shall be:

HIBISCUS HOUSE, INC.

2. The principal place of business and mailing address of the corporation is:

4585 CITRUS BLVD., COCOA, FLORIDA 32926

3. The corporation shall have the authority to issue 1,000,000 shares of stock.

4. The registered agent of the corporation is Margaret Armstrong and the registered street address is 4585 Citrus Blvd., Cocoa, Florida
Florida 32926.

5. The initial Board of Directors shall have 1 member(s) whose name(s) and address(es) is/are as follows: Margaret Armstrong, 4585 Citrus Blvd. Cocoa, Fl.
32926

The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.

6. The incorporator of this corporation is Margaret Armstrong whose street address is 4585 Citrus Blvd., Cocoa, Florida 32926

Dated June 9, 1995

Margaret Armstrong
Incorporator

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

Dated June 9, 1995

Margaret Armstrong
Registered Agent

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 19 AM 10:47

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 DEC 10 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000048280**

1 Corporation Name

HIBISCUS HOUSE, INC.

Principal Place of Business

4585 CITRUS BLVD.
COCOA FL 32926

Mailing Address

4585 CITRUS BLVD.
COCOA FL 32926



REINSTATEMENT

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

4. Date Incorporated or Qualified
To Do Business in Florida

06/19/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3322899

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

8. 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	ARMSTRONG, MARGARET	4585 CITRUS BLVD.	COCOA FL 32926

500002028075--1
-12/12/96--01109--007
***375.00 ***375.00

JB12-11-96

8. Name and Address of Current Registered Agent

ARMSTRONG, MARGARET
4585 CITRUS BLVD.
COCOA FL 32926

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Margaret Armstrong
REGISTERED AGENT MUST SIGN

Date

12/6/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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 119.073(1), 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:

Margaret Armstrong
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/6/96 (407) 639-9031
Date Daytime Phone #

CR20040 (7/95)