

AUG-31-2001 10:03 FROM-
HU1000095096

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

T-222 P 002/002 F-100
DIVISION OF CORPORATIONS

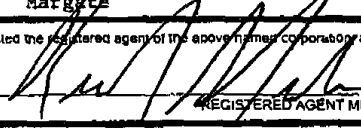
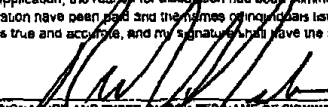
01 AUG 31 AM 11:52

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000032416			
1. Corporation Name HSC SERVICES, INC.			
2. Principal Office Address 6771 N.W. 20 Street		3. Mailing Office Address 6771 N.W. 20 Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Margate, FL		City & State Margate, FL	
Zip 33063	Country US	Zip 33063	Country US

97-01
REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida 4/10/96	
5. FEI Number 59-3380430	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 Richard Nelson	
Street Address (P.O. Box Number is Not Acceptable) 6771 N.W. 20 Street	
Suite, Apt. #, Etc.	
City Margate	State FL
Zip Code 33063	

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.			
Signature of Registered Agent 		Date 8/29/01	
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/P/CEO	Richard Nelson	6771 N.W. 20 Street	Margate, FL 33063
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 807 or 817, F.S. I further certify that when filing this reinstatement application, the requirements for disqualification have been submitted, the corporate name satisfies the requirements of section 807.0401 or 817.0401, F.S., that all taxes owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 118.07(3)(c), F.B. 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: 		Date 8/29/01	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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T-222 P.001/002 F-183

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : ATLAS PEARLMAN, P.A. — *mfm*
Account Number : 076247002423
Phone : (954)763-1200
Fax Number : (954)766-7800

CORPORATION REINSTATEMENT

HSC SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$1,350.00