AUG-31-2001 10:03 FROM-
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T-222 P.002/002 F-183

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
01 AUG 31 AM 11:52
SECRETARY OF STATE
DIVISION OF CORPORATIONS

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000032416

97-01

REINSTATEMENT

1. Corporation Name
HSC SERVICES, INC.

2. Principal Office Address	3. Mailing Office Address
6771 N.W. 20 Street	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

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 607.0505 or 617.0503, F S

Signature of Registered Agent _____ REGISTERED AGENT MUST SIGN Date 8/29/01

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

AD

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 signing officers listed on this form do not qualify for an exemption under section 119 07(3)(i), 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: _____ 8/29/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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. —mpm
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

7591-00100