

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION OF
REINSTATEMENT

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

FILED

98 DEC 30 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *PA00000305*

1. Corporation Name

HUMAN RESOURCE ALTERNATIVES INC.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

P. O. BOX 290333

Suite, Apt. #, etc.

City & State

PORT ORANGE, FLORIDA

Zip

32127

Country

VOLUSIA

3. New Mailing Office Address, If Applicable

P. O. BOX 290333

Suite, Apt. #, etc.

City & State

PORT ORANGE, FLORIDA

Zip

32127

Country

VOLUSIA

4. Date Incorporated or Qualified
To Do Business in Florida

APRIL 29, 1996

5. FEI Number

59-3379410

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	EDWARD J. SWANSON	3 OCEANS WEST BLVD. UNIT 7C-6	DAYTONA BEACH SHORES, FLORIDA 32118
V	JOYCE A. SWANSON	3 OCEANS WEST BLVD. UNIT 7C-6	DAYTONA BEACH SHORES, FLORIDA 32118
S	SEAN SWANSON	31 ASHLEY LANE	GUYTON, GEORGIA 31312
T	ROBYN M. TRUJILLO	5453 LANDIS LANE	PORT ORANGE, FLORIDA 32127

8. Name and Address of Current Registered Agent

MARYELLEN G. KOBERG *msk*
150 SOUTH PALMETTO AVENUE
DAYTONA BEACH, FLORIDA 32114

9. Name and Address of New Registered Agent

Name

-12/31/98--01041--009

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

****252.50 ****150.00

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

msk

REGISTERED AGENT MUST SIGN

Date 12-8-98

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)(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:

E.J. Swanson E.J. SWANSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/08/98 (904) 761-2536

Daytime Phone #

CR2040 (1/90)

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

Re: Human Resource Alternatives, Inc.

AFFIDAVIT

I, Edward J. Swanson, President of Human Resource Alternatives, Inc. a Florida Corporation, incorporated April 29, 1996, due hereby attest to the following:

1. On April 1, 1998 HRA, Inc. was notified by its current Registered Agent, Mary Ellen G. Koberg 150 South Palmetto Avenue South Daytona, Florida 32114 that the above referenced corporation was administratively dissolved on September 26, 1997 for failure to file the annual report.

2. Upon receipt of this notification, I telephoned the Department of State, Division of Corporations in Tallahassee and requested an explanation of why this action was taken.

The following explanation was given:

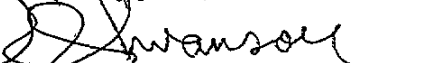
(a) HRA Inc. had not filed the annual report as required.

(b) Notification for the annual report was sent to our registered mailing address, 725 Hunt Club Trail, Port Orange, FL 32127.

I explained to the person (M. Milligan) that I had not received any notifications from the Division of Corporations, and asked what action I was required to take to appeal this action. I was told that I would have to file a form 203 - APPLICATION FOR REINSTATEMENT, accompanied by an AFFIDAVIT testifying to my claim and circumstance, plus a check for \$150.00 as a reinstatement fee.

In light of these events and circumstances and the fact that I require this reinstatement to conduct my small business, I respectfully request approval of my appeal.

Very truly yours,



E.J. Swanson
President

Enclosures:

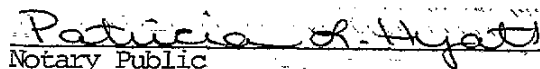
Form 203 Application For Reinstatement

Reinstatement Fee - \$ 150.00 plus \$8.75 Certification of Status Fee

Sworn to and subscribed before me this 8th day of December, 1998.



PATRICIA L. HYATT
My Commission CC546210
Expires Apr. 23, 2000


Notary Public
State of Florida