

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

58 NOV 24 PM 3:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000042831

1. Corporation Name

HSS OF CALIFORNIA, INC.

Principal Place of Business

6245 NO FEDERAL HIGHWAY STE 400  
FORT LAUDERDALE FL 33302

Mailing Address

6245 NO FEDERAL HIGHWAY STE 400  
FORT LAUDERDALE FL 33302

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

2. New Principal Office Address, If Applicable

6245 North Federal Hwy

3. New Mailing Office Address, If Applicable

6245 North Federal Hwy

Suite, Apt. #, etc.

SUITE 500

Suite, Apt. #, etc.

SUITE 500

City & State

FORT LAUDERDALE

City & State

FORT LAUDERDALE, FL

Zip

FL

Country

33308

Zip

33308

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

05/20/1996

5. FEI Number

65-0665040

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)

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
PDT	CASS, RONALD A	6245 NO FEDERAL HIGHWAY #500	FORT LAUDERDALE FL 33308
VS	SHIELDS, BOBBY L	6245 NO FEDERAL HIGHWAY #500	FORT LAUDERDALE FL 33308
P	Ron Lusk	6245 N. Federal Hwy #500	Fort Lauderdale, FL 33308
D	Joe Williams, Jr.	6245 N. Federal Hwy #500	Fort Lauderdale, FL 33308
			400002698984-4
			-12/01/98-01060-012
			****200.00 ****200.00
			400002698984-4
			-12/01/98-01060-011
			****550.00 ****550.00

8. Name and Address of Current Registered Agent

SHIELDS, BOBBY L  
6245 N. FEDERAL HIGHWAY #500  
FORT LAUDERDALE FL 33308

9. Name and Address of New Registered Agent

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

Date

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐

(See other side of 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:

*[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 771-8500

CR22040 (8/98)