

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 OCT 24 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 2000

DOCUMENT # P99000071987

1. Corporation Name

HC AMERICA INC.

Principal Place of Business

345 BEVILLE RD., STE. 103
S. DAYTONA FL 32119

Mailing Address

345 BEVILLE RD., STE. 103
S. DAYTONA FL 32119

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/12/1999

5. FEI Number

59-3592349

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	4 City / State / Zip
President	Marsha Glazier	401 N. Atlantic Ave #402	New Smyrna Beach, FL 32169
VP	Vicki Albiero	2016 N Daytona Ave	Flagler Bch, FL 32136
VP	Mark Chiriboga	121 Willow Bend Lane	Ormond Bch, FL 32174
VP	Yvonne Moore	P.O Box 2330 A	New Smyrna Bch, FL 32170
			500003455485--1 -11/07/00--01090--014 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

GLAZIER, MARSHA D
345 BEVILLE RD., STE. 103
S. DAYTONA FL 32119

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10-17-00

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-17-00

Daytime Phone #

904-304-5688

CR2ED40 (800)