

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 27 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000071987

1. Corporation Name

HC AMERICA INC.

Principal Place of Business

Mailing Address

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

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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	TOPEL, TAMMIE M	120 BURT AVE.	NORTHPORT NY 11768
V	ALBIERO, VICKI	2016 N. DAYTONA AVENUE	FLGLER BEACH FL
V	CHIRIBOGA, MARK	121 WILLOW BOND LANE	ORMOND BEACH FL 32174
V	MOORE, YVONNE	P.O. BOX 2330	NEW SMYRNA BEACH FL
D	MURPHY, JAMES J	345 BEVILLE ROAD, SUITE 103	S. DAYTONA FL 32119

8. Name and Address of Current Registered Agent

MURPHY, JAMES J
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

Zip Code

7000009241457
11/27/02--01074--007 **750.00

FL

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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

Daytime Phone #

346 304 5698