

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -7 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **999000071987**

1. Corporation Name

HC America Inc

2. Principal Office Address

345 Beville RD

3. Mailing Office Address

345 Beville Rd

Suite, Apt. #, etc.

Suite 103

Suite, Apt. #, etc.

Suite 103

City & State

South Daytona, FI

City & State

South Daytona, FI

Zip

32119

Country

Volusia

Zip

32119

Country

Volusia

200035764002

05/07/04--01073--023 **900.00

4. Date Incorporated or Qualified
To Do Business in Florida

8/12/1999

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. Name and Address of Current Registered Agent

Name

Murphy, James J

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

345 Beville Rd

Suite, Apt. #, Etc.

Suite 103

City

South Daytona

State
FL

Zip Code

32119

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 **5-04-04**

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
P	Topel, Tammie M	120 Burt Ave	North Port, NY 11768
D	Murphy, James J	345 Beville Rd	South Daytona, FI 32119

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-04-04 386-304-5688

CR2E081 (01/04)