

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY 22 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

HRH Safety & Health Systems, Inc.

2. Principal Office Address

462 Kingsley Ave.

Suite, Apt. #, etc.

201

City & State

Orange Park, FL

Zip

32073

Country

CLAY

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

CLAY

4. Date Incorporated or Qualified
To Do Business in Florida

March 4, 1992

5. FEI Number

59-3109199

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

C. Holt Smith, Esq.

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

233 E. Bay St. #930 - Blackstone Building

Suite, Apt. #, Etc.

Jacksonville, FL

City

Florida

State

FL

Zip Code

32202

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

[Signature]
REGISTERED AGENT MUST SIGN

Date May 20, 2003

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
Pres.	Howard R. Hice, Sr.	1856 Hickory Trace	Orange Park, FL 32003
Sec.	Dona M. Hice,	1856 Hickory Trace	Orange Park, FL 32003
Tres.			

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/03

Date

(904) 269-1141

Daytime Phone #

CR2E081 (10/02)

91 5/28



**Safety
& Health
Systems, Inc.**

www.hrhsafety.com

Howard R. Hice, Sr.
President

May 20, 2003

Florida Department of State
Secretary of State
Division of Corporation
P. O. Box 6327
Tallahassee, FL 32314

Dear Sir:

As of this date, I have become aware that our Annual Certification has not been received sense March of 2001. This is due to our moving from 1488 Park Avenue, Orange Park, FL 32073 to 462 Kingsley Avenue, Suite 201, Orange Park, FL 32073, and missing the need to notify you of our new address, though we did file a change of address form with the U. S. Postal Department. Therefore, we have not received your previous notices.

Per our conversation with one of your department representatives, of this date, please find enclosed our check in the amount of \$450.00 and a copy of the required form as well as our check in the amount of \$8.75 for a copy of Certificate of Status.

Respectfully,

A handwritten signature in black ink, appearing to read 'Howard R. Hice, Sr.'.

Howard R. Hice, Sr.
President

HRH/dh

Enclosures: Form

Check #13522 in the amount of \$450.00

Check #13523 in the amount of \$8.75