

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

132


FILED

03 AUG -5 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT 02-03**

**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** NO1000003831

**1. Corporation Name**

Tiffany Children's Homeless Center, Inc.

<b>2. Principal Office Address</b> 705 West 116th Avenue Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> Same Suite, Apt. #, etc.	
City & State Tampa, FL		City & State	
Zip 33612	Country USA	Zip	Country

**4. Date Incorporated or Qualified To Do Business in Florida** May 25, 2001

**5. FEI Number** 11-3679426 **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: Keith R. Taylor

Street Address (P.O. Box Number is Not Acceptable): 1143 N. Lyle Avenue

Suite, Apt. #, Etc.

City: Crystal River

State: FL Zip Code: 34429

600022027156  
09/04/03-01031-018 \*\*297.50

**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]* Date: 7-31-03

REGISTERED AGENT MUST SIGN

**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/D	Cindy Orender	705 W. 116th Avenue	Tampa, FL 33612
T/S/D	Lurline Orender	16820 N. Livingston Avenue	Lutz, FL 33549
V/D	Tiffany Nicole Orender	705 W. 116th Avenue	Tampa, FL 33612
D	Robb Carr	22900 Sterling Manor Loop	Lutz, FL 33549
D	Kellie Carr	22900 Sterling Manor Loop	Lutz, FL 33549
D	Jan Goldstein	2125 North Bay Hills Blvd.	Safety Harbor, FL 34695

**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:** *Cindy Orender* Cindy Orender **7/28/03** 813/933-3011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)

272

9. Names and Street Addresses of Each Officer and/or Director continued

D	Nadine McPherson	212 South Cooper Place, Tampa, FL 33609 <sup>5</sup>
D	Keller Orender, Sr.	16820 N. Livingston Ave., Lutz, FL 33549
D	Keith R. Taylor	5800 West Pine Circle, Crystal River, FL 34429
D	Julie Taylor	5800 West Pine Circle, Crystal River, FL 34429