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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 JUN -4 PM 12:44

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N11000005831

1. Corporation Name  
HEALING CHARITIES, INC.

REINSTATEMENT 12-13

2. Principal Office Address - No P.O. Box # 6750 NW 27 WAY		3. Mailing Office Address 6750 NW 27 WAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Fort Lauderdale FL		City & State Fort Lauderdale, FL	
Zip 33309	Country USA	Zip 33309	Country USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida 6/16/2011		Applied For
5. FET Number N11000005831		Not Applicable
6. CERTIFICATE OF STATUS DESIRED Reinstatement		\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
MOHAMED K. SHAHEED

Street Address (P.O. Box Number is Not Acceptable)  
6750 NW 27 WAY

Suite, Apt. # Etc.

City  
Fort Lauderdale

State  
FL

Zip Code  
33309

800248624608  
06/05/13--01034--003 \*\*\*305.71

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: M. K. Shaheed Date: 03/19/2013

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	M. K. SHAHEED	6750 NW 27 WAY	FT. LAUDERDALE FL 33309
D	Lynette Shaheed	6750 NW 27 WAY	FT. LAUDERDALE, FL 33309
D	Y. ISMAIL	11620 NW 29 place	SUNRISE CITY, FL 33323

10. E-mail Address: M. Jammohamed1909@yahoo.com  
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE: M. K. Shaheed, P/D Date: 5/25/2013 Daytime Phone #: 9549726261

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RA JUN -6 2013

T. CAULEY