

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



FILED

00 OCT 23 AM 10: 59

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N29765**

1. Corporation Name
SOPHIA BUTLER'S GROUP HOME, INC.

Principal Place of Business	Mailing Address
C/O SOPHIA BUTLER 3951 NW 187 TERRACE MIAMI FL 33055	C/O SOPHIA BUTLER 3951 NW 187 TERRACE MIAMI FL 33055



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	12/16/1988
5. FEI Number	65-0088091
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City, State, Zip
PD	BUTLER, SOPHIA	3951 NW 187TH TERRACE	MIAMI FL
SD	POINTER, KELVIN	3402 NW 182 ST	MIAMI FL
TD	HARRIS, FRED	19298 NW 18 AVE	MIAMI FL
VD	HARRIS, CARRIE	2445 NW 167TH STREET	MIAMI FL

8. Name and Address of Current Registered Agent

BUTLER, SOPHIA
 3951 NW 187 TERR
 MIAMI FL 33055

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc. **800003454858--8**
 City **MIAMI FL**

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.

Signature of Registered Agent *Sophia Butler* **SIGNATURE REQUIRED** Date 10/19/00
 REGISTERED AGENT MUST SIGN

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: **SOPHIA BUTLER REQUIRED** Date 10/19/00 305-124-2052
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/00)