


N9800001519

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9800001519

1. Corporation Name
Madi's Safe Haven Inc

2. Principal Office Address - No P.O. Box # 201 SW 63 AVE		3. Mailing Office Address 6919 W. Broward Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 112	
City & State Plantation		City & State Plantation	
Zip 33317	Country USA	Zip 33317	Country USA

7. Name and Address of Current Registered Agent

Name
Helen Litsky

Street Address (P.O. Box Number is Not Acceptable)
201 SW 63 AVE

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33317

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 FEB 20 AM 11:18

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida **1999**

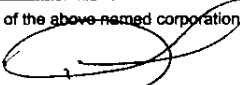
5. FEI Number **650870749**

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED **\$8.75** Additional Fee required for a Certificate of Status

500223646295
03/02/12--01002--003 *988.75**

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  Date **02/17/2012**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

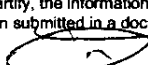
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	Helen Litsky	201 SW 63 AVE	Plantation, FL 33317
TD	Dorothy Archer	201 SW 63 AVE	Plantation, FL 33317
SD	Suzanne Boyd	201 SW 63 AVE	Plantation FL 33317

FF \$910.00 **REINSTATEMENT 2001-2012**

10. E-mail Address: **MSHCORP13@gmail.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:  Date **02/17/2012** Daytime Phone # **954 270 5015**

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

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