FILED
03 OCT -8 PM 5:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000005901

1. Corporation Name
The Haven House Residence, Inc

REINSTATEMENT 03

2. Principal Office Address	3. Mailing Office Address
356 Nellie Dr	PO Box 2279
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Santa Rosa Beach FL	City & State: SRB, FL
Zip: 32459 Country: Walton	Zip: 32459 Country: Walton

4. Date Incorporated or Qualified To Do Business in Florida 10/15/98

5. FEI Number ☐ 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: Charles Plauché
Street Address (P.O. Box Number is Not Acceptable): 356 Nellie Dr
Suite, Apt. #, Etc.:
City: Santa Rosa Beach State: FL Zip Code: 32459

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent _____ Date 10/8/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
Dir	Charles Plauché	356 Nellie Dr	Santa Rosa Beach FL 32459
Dir	Charles Earles	3218 Bay Estates	Destin FL 32550
Dir	Dan Hayes	515 Tops'l Beach	Destin FL 32550
Dir	Dick Christensen	770 Gulf Shore Blvd #803	Destin FL 32541
Dir	Doug McGinnis	45 Gulf Dune LN	SRB, FL 32459

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: _____ Dir Charles Plauché Dir 10/8/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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