


1062

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 JAN 22 PM 4:00

**CORPORATION REINSTATEMENT**



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

**01-DU-UBR**

**DOCUMENT #** P00000026666  
1. Corporation Name  
Serenity Springs Inc

400004880684--4  
-02/05/02--01057--020  
\*\*\*\*300.00 \*\*\*\*300.00

2. Principal Office Address  
503 S mcGee Ave  
City & State: Apopka, FL  
Zip: 32703  
Country: America

3. Mailing Office Address  
503 S mcGee Ave  
City & State: Apopka, FL  
Zip: 32703  
Country: America

400004880684--4  
-02/05/02--01057--021  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

4. Date Incorporated or Qualified To Do Business in Florida: 1-2001

5. FEI Number: 59-3635225  
Applied For: Not Applicable

6. CERTIFICATE OF STATUS DESIRED  58.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Deandra Little  
Street Address (P.O. Box Number is Not Acceptable): 503 S mcGee Ave  
City: Apopka, State: FL, Zip Code: 32703

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: 1-17-02

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Deandra Little	503 S mcGee Ave	apopka / FL / 32703
Sec	Deandra Little	11	"
Treas	11	11	"
			AD

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 907 or 617, F.S.; 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(9)(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: [Signature] Date: 1-17-02

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

Assisted Living • Adult Day Care

503 S. McGee Avenue, Apopka, Florida 32703 • Phones: (407) 886-3093 • (407) 884-8758

# Serenity Springs

Dept of State  
Division of Corporation

To whom It may Concern

Serenity Springs Inc never received a Uniform Business Report to the business address listed 503 S McGee Ave Apopka, FL 32703. Could you please waived the fee. we have enclosed 300.00 to ~~so~~ cover 2001 + 2002. we was not aware of the UBR

Thank you in Advance

*Whit*  
Deandra Little

we can be reach @ 407 886 3093