

**2017 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N15000007004

**Entity Name:** JAMARI'S SAFE HAVEN INC

**Current Principal Place of Business:**

6514 SUMMER COVE DRIVE  
RIVERVIEW, FL 33578

**Current Mailing Address:**

PO BOX 290811  
TAMPA, FL 33687 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MARTIN, VALARIE T  
6514 SUMMER COVE DRIVE  
RIVERVIEW, FL 33578 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** VALARIE T. MARTIN

04/01/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name MARTIN, VALARIE T  
Address 6514 SUMMER COVE DRIVE  
City-State-Zip: RIVERVIEW FL 33578

Title VP  
Name WILLIAMS, CIERA D  
Address 7004 EARLY GOLD LANE  
City-State-Zip: RIVERVIEW FL 33578

Title DIR  
Name WOODS, KENNETH G  
Address 1606 SANDERLING COURT  
City-State-Zip: BRANDON FL 33511

Title DIR  
Name WILLIAMS, BRANDON P  
Address 7004 EARLY GOLD LANE  
City-State-Zip: RIVERVIEW FL 33578

Title DIR  
Name OWENS-MILLER, GERALDINE  
Address 1174 RIVAGE CIRCLE  
City-State-Zip: BRANDON FL 33511

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** VALARIE T. MARTIN

RA

04/01/2017

Electronic Signature of Signing Officer/Director Detail

Date