

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAY 14 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 767021

1. Corporation Name

The Chrysalis House, Inc.

REINSTATEMENT 02-03
700018960947
05/14/03--01089--003 **297.50

2. Principal Office Address

5904 S. Switzer Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 13872

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33611

Country

US

Zip

33681-3872

Country

US

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

2/16/83

5. FEI Number

59-2288756

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

Diana R. Habbe

Street Address (P.O. Box Number is Not Acceptable)

5009 W. Colonial Dr.

Suite, Apt. #, Etc.

#3

City

Tampa

State

FL

Zip Code

33611-3737

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

Diana R. Habbe
REGISTERED AGENT MUST SIGN

Date May 8, 2003

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
DP	Shawn Kuhn	13718 Staghorn Rd	Tampa, FL 33626
DVP	William J. Barry	10304 Carrollshores Place	Tampa, FL 33635
DT	Diana R. Habbe	5009 W. Colonial Dr. #3	Tampa, FL 33611-3737
DS	Wendy Mariani	8923 South Mobley Road	Odessa, FL 33556

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:

Diana R. Habbe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/03

Date

813 831 8840

Daytime Phone #

CR2E081 (10/02)

7/5/22