

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 JAN 31 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M103080**

1. Corporation Name -

CONDITA'S HAVEN, INC

Principal Office Address

2233 MCKINLEY ST

Suite, Apt. #, etc.

City & State

HOLLYWOOD FL

Zip

33021

Country

USA

3. Mailing Office Address

**7086 N.W. 66 TERR.
POMPANO BEACH FL 33067**

Suite, Apt. #, etc.

City & State

POMPANO BEACH FL

Zip

33067

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

DEC 15 1987

5. FEI Number

65-0016500

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ ☒

7. Name and Address of Current Registered Agent

Name

MARY C. PHILLIPS REID

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

7086 N.W. 66 TERRACE

Suite, Apt. #, Etc.

City

POMPANO BEACH

State

FL

Zip Code

33067

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

Mary C. Phillips

REGISTERED AGENT MUST SIGN

Date

1/28/2000

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:	MARY C. PHILLIPS	7086 N.W. 66 TERR	POMPANO BEACH FL 33067
			LS

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:

Phillips

MARY C. PHILLIPS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954-344-6968

Daytime Phone #