

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUN 10 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000002056

1. Corporation Name

CODIE TOOKES GROUP HOME, INC.

2. Principal Office Address

3745 N.W. 171 TERR.

Suite, Apt. #, etc.

City & State

OPA LOCKA, FLORIDA

Zip

33055

Country

DADE

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

03/19/01

5. FEI Number

01-0733771

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

CODIE TOOKES

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

3745 N.W. 171 TERR

Suite, Apt. #, Etc.

City

MIAMI, FL

State

FL

Zip Code

33055

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

Codie Tookes
REGISTERED AGENT MUST SIGN

Date 06/03/03

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
P, D	CODIE TOOKES	3745 N.W. 171 TERR.	OPA LOCKA, FL 33055
VP, D	LEE MACON	3686 N.W. 28 STREET	LAUDERDALE LAKES, FL 33311
T, D	JOANN MOORE	13500 N.E. 3 COURT	N, MIAMI, FL 33161

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:

Codie Tookes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CODIE TOOKES, PRES.

06/03/03

Date

305-430-8588

Daytime Phone #

CR2E081 (10/02)

21 6/10

TAX-MACK, USA

"OUR AIM YOUR GAIN"

ACCOUNTING • TAX CONSULTANT • NOTARY

**TM
USA**

9820 NORTHWEST 7TH AVENUE

MIAMI, FLORIDA 33150

TELEPHONE: 305 696-6565 • 693-5195

FAX: 694-1944

June 3rd, 2003

Department of State
Division of Corporations
New Filing Section
409 East Gaines Street
Tallahassee, Florida 32399

Dear Sir / Madam:

Please find enclosed a check in the amount of \$245.00 for the reinstatement of the Articles of
Incorporation and a Certificate of Status for Cordie Tookes Group Home, Inc.

Very truly yours,



Kethlie K. Daniels