

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUN 10 AM 8:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

07-07

DOCUMENT # N01000002056

1. Corporation Name

CODIE TOOKES GROUP HOME, INC.

2. Principal Office Address

3745 N.W. 171 TERR.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

OPA LOCKA, FLORIDA

City & State

Zip

33055

Country

DADE

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

CORDIE 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

*Cordie 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	CORDIE 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:

*Cordie Tookes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CORDIE TOOKES, PRES.

06/03/03

Date

305-430-8588

Daytime Phone #

CR2E081 (10/02)

21 6/10

**TAX-MACK, USA** "OUR AIM YOUR GAIN"  
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TM  
USA

9820 NORTHWEST 7TH AVENUE  
MIAMI, FLORIDA 33150  
TELEPHONE: 305 696-6565 • 693-5195  
FAX: 694-1944



June 3<sup>rd</sup>, 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,

Kethie K. Daniels