

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

RM
1-29-08

08 FEB 27 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 101000002602

1. Corporation Name

Sanctuary Houses Inc.

2. Principal Office Address - No P.O. Box #

675 NW 48th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Plantation Fl

City & State

SAME

Zip

33317

Country

USA

Zip

SAME

Country

Broward

REINSTATEMENT

CR2E08T (12/07)

02-08

4. Date Incorporated or Qualified
To Do Business in Florida

Sept 2000

5. FEI Number

65-109-4833

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

James E. Kelly

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

SAME

Suite, Apt. #, Etc.

City

State

FL

Zip Code

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

James E. Kelly

REGISTERED AGENT MUST SIGN

Date 2/25/08

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
President	James E. Kelly	675 NW 48th Ave	Plantation, FL 33317
V. Pres	Michael B. Kelly	SAME	SAME
Sec.	Terrence Kelly		

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02/27/08--01043--001 **131.25

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 contained in Chapter 119, 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:

James E. Kelly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES E. KELLY

2/25/08

Date

954-701-6073

Daytime Phone #

2/25/08

To Whom It May Concern:

I am writing to verify that we did not
receive a notice prior to being revoked as the
address you had on record was no longer
valid.

Ed Kelly Rm.