

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED

FILED

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N0100002662

1. Corporation Name

Sanctuary Houses Inc.

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

1075 NW 48th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

51

City & State

Plantation Fl

City & State

Same

Zip

33317

Country

USA

Zip

51

Country

Broward

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

REINSTATEMENT

CR2E081 (2/07)

02/08

4. Date Incorporated or Qualified
To Do Business in Florida

Sept 2000

5. FEI Number

65-109-4933

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$9.75 Additional Fee required
for a Certificate of Status

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

Date

2/25/08

REGISTERED AGENT MUST SIGN

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
Director Pres	James E. Kelly	675 NW 48th Ave	Plantation FL 33317
W. Pres	Michael B. Kelly	Same	Same
Sec.	Amirrah Kelly		650118957158 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

2/25/08

Date

954-709-8073

Daytime Phone #

2/25/08

To Whom It May Concern:

I am writing to verify that we didn't receive a notice prior to ~~being~~ ^{you} moved as the ~~address~~ you ~~had~~ ^{had} on record was no longer valid.

Ed Hobbs
Res.