

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

182
FILED
03 AUG -5 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO1000003831

1. Corporation Name

Tiffany Children's Homeless Center, Inc.

2. Principal Office Address

705 West 116th Avenue

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33612

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

May 25, 2001

5. FEI Number

11-3679426

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 0203

7. Name and Address of Current Registered Agent

Name

Keith R. Taylor

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

1143 N. Lyle Avenue

Suite, Apt. #, Etc.

City & State
Crystal River

600022027156

09/04/03--01031--018 **297.50

State
FL

Zip Code
34429

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

[Signature]

Date 7-31-03

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
P/D	Cindy Orender	705 W. 116th Avenue	Tampa, FL 33612
T/S/D	Lurline Orender	16820 N. Livingston Avenue	Lutz, FL 33549
V/D	Tiffany Nicole Orender	705 W. 116th Avenue	Tampa, FL 33612
D	Robb Carr	22900 Sterling Manor Loop	Lutz, FL 33549
D	Kellie Carr	22900 Sterling Manor Loop	Lutz, FL 33549
D	Jan Goldstein	2125 North Bay Hills Blvd.	Safety Harbor, FL 34695

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:

Cindy Orender

Cindy Orender

7/28/03 813/933-3011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

272

9. Names and Street Addresses of Each Officer and/or Director continued

D	Nadine McPherson	212 South Cooper Place, Tampa, FL 33609 ⁵
D	Keller Orender, Sr.	16820 N. Livingston Ave., Lutz, FL 33549
D	Keith R. Taylor	5800 West Pine Circle, Crystal River, FL 34429
D	Julie Taylor	5800 West Pine Circle, Crystal River, FL 34429