

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N02000005162**

1. Corporation Name

THE REFUGE, INC.

Principal Place of Business

Mailing Address

357 SE PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34984

357 SE PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34984

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

P.O. Box 880515

Port St. Lucie, FL

34988

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

07/05/2002

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$6.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	TURNER, JAMES E. C	274 SW GROVE AVENUE	PORT ST. LUCIE FL 34983
D	DESCOTEAU, THOMAS	179 SW STARRISH AVENUE	PORT ST. LUCIE FL 34984
D	CINTRON, WILLIAM	401 SE FAIRCHILD AVENUE	PORT ST. LUCIE FL 34984
D	Bates, Jack M.	2827 B Stonewall Ln.	Port St. Lucie, FL 34982

000023999620
10/22/03 01010 016 **245.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TURNER, JAMES E. C
274 SW GROVE AVENUE
PORT ST. LUCIE FL 34983

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **10/15/03**

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/15/03

772-878-09

CR2E040 (7/03)