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 #	N0200000516	2
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1. Corporation Name

THE REFUGE, INC.

Principal Place of Business

Mailing Address

FILED 03 OCT 22 PH 2: 56

357 SE PORT ST. LUCIE BLVD. 357 SE PORT PORT ST. LUCIE FL 34984 PORT ST. LUC				ST. LUCIE BLVD. CIE FL 34984								
If above addresses are incorrect in any way, line thro 2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country			Suite Apt. #, etc. City & State Zip Country Country			Applicable F.	-1 ' 					
7. Names	and Street Ad	dresses of Each Officer and	or Director (Flo	rida nonprof	it corpora	ations must list at lea	ast 3 directors)			=-==		
Title(s)	2	Name of Officers and/or Directors		3		eet Address of Each ficer and/or Director		4	City / State /	Zip		
D	TURNER, JAMES E. C				274 SW GROVE AVENUE			PORT ST. LUCIE FL 34983				
D	DEGCOTEAU, THOMAS			179-SW STARFICH AVENUE			PORT-ST: LUCIE FL 34984					
D	CINTRON, WILLIAM				401 SE FAIRCHILD AVENUE			PORT ST. LUCIE FL 34984				
D	Bate.	s, Jack m.		28	270	3 Stoneway	41.	Ft.	Pierce,	FL	34982	
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		<u> </u>		10.00			an right and has f					
8. Name and Address of Current Registered Agent					Name	Name and Address of New Registered Agent						
TURNER, JAMES E. C						Street Address (P.O. Box Number is Not Acceptable)						

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

274 SW GROVE AVENUE

PORT ST. LUCIE FL 34983

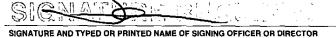
REGISTERED AGENT MUST SIGN

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.

Suite, Apt. #, Etc.

City



Zip Code

State