

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 21 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 7102000006137

1. Corporation Name

Safe House of Jacksonville Inc.

2. Principal Office Address

3325 Plymouth St

Suite, Apt. #, etc.

49

City & State

Jacksonville FL

Zip

32205

Country

US

3. Mailing Office Address

3325 Plymouth St

Suite, Apt. #, etc.

9

City & State

Jacksonville FL

Zip

32205

Country

US

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

42-1546481

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Joseph L. Howell Sr

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

6749 Bakersfield Dr

Suite, Apt. #, Etc.

City

Jacksonville

State
FL

Zip Code

32210

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of
Registered Agent

[Signature]

Date 4-18-04

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
VP	Lottie Howell	6749 Bakersfield Dr	Jacksonville, FL 32210
D	Richard Howell	5785 Wilson Blvd	Jacksonville, FL 32210
S	Christina Jennings	9380 103rd St #253	Jacksonville, FL 32210
P	Joseph L Howell Sr.	6749 Bakersfield Dr	Jacksonville, FL 32210

000033157930
04/20/04--01058--012 **297.50

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)(f), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-04

Date

Daytime Phone #

CFR2081 (01/04)