

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 FEB -5 PM 2: 25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N02000006256

1. Corporation Name

ROSALIE GROUP HOME, INC.

2. Principal Office Address

1520 NW 84 STREET

Suite, Apt. #, etc.

3. Mailing Office Address

1520 NW 84 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33147

Country

US

Zip

33147

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

08/19/2002

5. FEI Number

16-1624125

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

600029947256

03/05/04--01028--021 \*\*131.25

7. Name and Address of Current Registered Agent

Name

PRICHASON, FRED G P.A.

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

16931 NE 6 AVENUE

Suite, Apt. #, Etc.

City

NORTH MIAMI BEACH

State

FL

Zip Code

33162

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

Date

2/2/04

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
DP	FORTUNE, GLORIA M	17221 NW 48 COURT	MIAMI, FL 33055
D	GEORGE, AGNES	6045 NW 186 STREET, #301	HIALEAH, FL 33015

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:

*Gloria Fortune* / Gloria FORTUNE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-30-2004 305-525-5958

Date

Daytime Phone #

CR2E001 (10/02)

# ROSALIE GROUP HOME, INC.

1520 NW 84 STREET  
MIAMI, FL 33147  
(305) 696-5391

February 2, 2004

DIVISION OF CORPORATIONS  
UNIFORM BUSINESS REPORT FILINGS  
P.O. BOX 1500  
TALLAHASSEE, FL 32302-1500

Re: ANNUAL REPORT 2003 & 2004  
ROSALIE GROUP HOME, INC.  
1520 NW 84 STREET  
MIAMI, FL 33147  
EIN-  
DOC-N02000006256

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, WE WILL RESTATE, THAT WE NEVER RECEIVED AND ANNUAL REPORT DUE TO A WRONG MAILING ADDRESS, PLEASE NOTE THE NEW MAILING ADDRESS IN ATTACHED ANNUAL REPORT "MAILING ADDRESS" ON ANNUAL REPORT AS PER; YOUR INSTRUCTIONS.

WE ARE REPECTFULLY REQUESTING THAT THE DIVISION OF CORPORATIONS ACCEPT THE \$122.50 IN PAYMENT OF THE ANNUAL REPORT AND \$8.75 FOR CERTIFICATE OF STATUS AS REQUESTED.

THANKING YOU IN ADVANCE FOR YOUR UTMOST CONSIDERATON.

SINCERELY YOURS,  
GLORIA FORTUNE  
PRESIDENT