

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 # **N02000008909**

1. Corporation Name

**SERENITY PLACE OF LOVE, INC.**

Principal Place of Business

Mailing Address

2162 LISTON CT.  
ORLANDO FL 32811

2162 LISTON CT.  
ORLANDO FL 32811

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

4. Date Incorporated or Qualified  
To Do Business in Florida

11/18/2002

5. FEI Number

03 0421817

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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
PD	STARKER, NAKIA T	2162 LISTON CT.	ORLANDO FL 32811
VD	SIMS, WALTER A	5567 PENDELTON DR.	ORLANDO FL 32839
TD	HARRIS, TENEKA	4444 RIO GRANDE AVE. #206	ORLANDO FL 32839
D	ANDREW-CHAMBERS, JAMIE OFFICER	1129 CENTER GROVE ST.	ORLANDO FL 32829
D	HARRIS, NATASHA OFFICER	1952 WILLIE MAYS PKWY	ORLANDO FL 32811

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STARKER, NAKIA T  
2162 LISTON CT.  
ORLANDO FL 32811

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

*Nakia Starker* **SIGNATURE REQUIRED**

Date 12/29/03

REGISTERED AGENT MUST SIGN

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:

*Nakia Starker*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

12-29-03 407-422-0251

Date

Daytime Phone #

CR2E040 (7/03)