

**2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Feb 11, 2010  
Secretary of State**

DOCUMENT# N03000011049

**Entity Name:** THE REFUGE, A HEALING PLACE, FOUNDATION, INC.

**Current Principal Place of Business:**

14835 S.E. 85TH STREET  
OCKLAWAHA, FL 32179

**New Principal Place of Business:**

**Current Mailing Address:**

14835 S.E. 85TH STREET  
OCKLAWAHA, FL 32179

**New Mailing Address:**

**FEI Number:** 56-2430195      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CHAPMAN, KRISTINE M  
2000 GLADES ROAD  
STE. 306  
BOCA RATON, FL 33431 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KRISTINE CHAPMAN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: HOECHSTETTER, LEW  
Address: 990 SOUTH CONGRESS AVE. SUITE 3  
City-St-Zip: DELRAY BEACH, FL 33446 US

Title: D  
Name: BAKER, DENISE  
Address: 445 S.W. 4TH AVENUE  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D  
Name: CRANE, JUDITH  
Address: 14835 S.E. 85TH STREET  
City-St-Zip: OCKLAWAHA, FL 32179

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JUDY CRANE

CEO

02/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date