


2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90041 030 ***122.50

DOCUMENT # N03769 1. Entity Name SAFE HARBOR HAVEN, INC.					
Principal Place of Business 4772 SAFE HARBOR WAY JACKSONVILLE, FL 32226 US			Mailing Address C/O R. LEE ROWE, III 9471 BAYMEADOWS ROAD, SUITE 203 JACKSONVILLE, FL 32256		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-2515634	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				11192004 REIN-NP CR2E099 (6/04)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROWE AND ROWE, P. A. 9471 BAYMEADOWS ROAD, SUITE 203 JACKSONVILLE, FL 32256			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$61.25 After January 1, 2005, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FILMONT, JAMES		NAME		
STREET ADDRESS	5535 CLIFTON RD		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 32211		CITY - ST - ZIP		
TITLE	DP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, ROBBIE		NAME		
STREET ADDRESS	4822 SAFE HARBOR WAY		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 32226		CITY - ST - ZIP		
TITLE	DT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SELANDER, GUY		NAME		
STREET ADDRESS	4772 SAFE HARBOR WAY		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 32226		CITY - ST - ZIP		
TITLE	DVP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, DOUGLAS		NAME		
STREET ADDRESS	4822 SAFE HARBOR WAY		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 32226		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Robbie W. Smith</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-4-05 904757-7918 <small>Date Daytime Phone #</small>		

ATTACHMENT

40002021

N03769

Law Offices

ROWE and ROWE, P.A.

9471 Baymeadows Road, Suite 203
Jacksonville, Florida 32256

Robert L. Rowe, Jr.
R. Lee Rowe, III

Telephone (904) 730-2070
Facsimile (904) 730-2618
ROWELAWL@AOL.COM

January 12, 2005

Division of Corporations

P. O. Box 1500

Tallahassee, FL 32302-1500

Re: Safe Harbor Haven, Inc.
Our File Number 3011

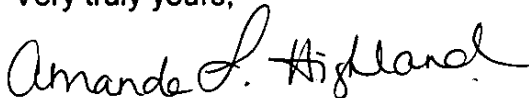
Dear Sir/Madam:

Enclosed is the 2004 Not-For-Profit Corporation Reinstatement for Safe Harbor Haven, Inc., Document Number N03769.

Also enclosed is our check number 9686 for \$122.50. This amount includes the \$61.25 filing fee for the reinstatement as well as the \$61.25 filing fee for the 2005 Annual Report for Safe Harbor Haven, Inc.

Please call our office if you have any questions or need any additional information.

Very truly yours,



Amanda L. Highland
Legal Secretary to R. Lee Rowe, III

as
Enclosures