


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FIL 06 JAN -9 PM 1:03 SECRETARY TALLAHASSEE																													
DOCUMENT # N04000011121 1. Corporation Name <p style="text-align: center;">Mother Lakeside Safe Haven, Inc.</p>																																	
2. Principal Office Address 101 Park Place Blvd. Suite, Apt. #, etc. 2 City & State Kissimmee, Fl. Zip 34746 Country USA		3. Mailing Office Address 2320 Flamingo Lakes Dr. Suite, Apt. #, etc. City & State Kissimmee, Fl. Zip 34746 Country USA		CR2E081 (8/05) 4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number 20-1750282 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status																													
7. Name and Address of Current Registered Agent Name Mrs. Rosetta Williams Street Address (P.O. Box Number is Not Acceptable) 2320 Flamingo Lakes Dr. Suite, Apt. #, Etc. City Kissimmee State FL Zip Code 34744																																	
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 <u>Rosetta Williams</u> Date <u>1-5-2006</u> REGISTERED AGENT MUST SIGN																																	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Titles</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>D</td> <td>Rosetta Williams</td> <td>2320 Flamingo Lakes Dr.</td> <td>Kissimmee, Fl. 34746</td> </tr> <tr> <td>D</td> <td>Walter Arena</td> <td>101 Park Place Blvd.</td> <td>Kissimmee, Fl. 34746</td> </tr> <tr> <td>D</td> <td>John Cortes</td> <td>216 Old Mill Circle</td> <td>Kissimmee, Fl. 34746</td> </tr> <tr> <td>D</td> <td>Gregg Thomas</td> <td>466 Tamarind Parke LN</td> <td>Kissimmee, Fl. 34746</td> </tr> <tr> <td>D</td> <td>Paul Knight</td> <td>466 Tamarind Parke LN</td> <td>Kissimmee, Fl. 34746</td> </tr> <tr> <td>D</td> <td>Nicole Filmore</td> <td>3015 Langedon LN N.</td> <td>Kissimmee, Fl. 34746</td> </tr> </tbody> </table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	D	Rosetta Williams	2320 Flamingo Lakes Dr.	Kissimmee, Fl. 34746	D	Walter Arena	101 Park Place Blvd.	Kissimmee, Fl. 34746	D	John Cortes	216 Old Mill Circle	Kissimmee, Fl. 34746	D	Gregg Thomas	466 Tamarind Parke LN	Kissimmee, Fl. 34746	D	Paul Knight	466 Tamarind Parke LN	Kissimmee, Fl. 34746	D	Nicole Filmore	3015 Langedon LN N.	Kissimmee, Fl. 34746
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip																														
D	Rosetta Williams	2320 Flamingo Lakes Dr.	Kissimmee, Fl. 34746																														
D	Walter Arena	101 Park Place Blvd.	Kissimmee, Fl. 34746																														
D	John Cortes	216 Old Mill Circle	Kissimmee, Fl. 34746																														
D	Gregg Thomas	466 Tamarind Parke LN	Kissimmee, Fl. 34746																														
D	Paul Knight	466 Tamarind Parke LN	Kissimmee, Fl. 34746																														
D	Nicole Filmore	3015 Langedon LN N.	Kissimmee, Fl. 34746																														
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: <u>Rosetta Williams</u> Date <u>1-5-2006</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																	