

2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N09000002521

FILED
Aug 05, 2011
Secretary of State

Entity Name: BAXTER'S ADULT LIVING FACILITY, INC.

Current Principal Place of Business:

1092 MAJORCA AVE
PORT ST LUCIE, FL 34954

New Principal Place of Business:

Current Mailing Address:

1092 MAJORCA AVE
PORT ST LUCIE, FL 34954

New Mailing Address:

FEI Number: 26-4671607

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRELANI, YVONNE
937 SW 104TH WAY
PEMBROKE PINES, FL 33025 US

Name and Address of New Registered Agent:

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: YVONNE FRELANI

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: FRELANI, YVONNE
Address: 937 SW 104TH WAY
City-St-Zip: PEMBROKE PINES, FL 33025

Title: T
Name: LOUISE, JASMINE
Address: 937 SW 104TH WAY
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D
Name: HAWKINS, LOYE
Address: 19601 W OAKMONT DR
City-St-Zip: HIALEAH, FL 33015 US

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: YVONNE FRELANI

P

08/05/2011

Electronic Signature of Signing Officer or Director

Date