

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

98 DEC 14 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N51026

1. Corporation Name

HAVEN SOUTH, INC.

W98-27283

Principal Place of Business

619 NE 28th St.
Wilton Manors, FL
33334

Mailing Address

c/o Michael V. Massari
Suite 600
707 SE Third Ave.
Ft. Lauderdale, FL 33316

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 707 SE Third Ave.		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 12/31/92	
Suite, Apt. #, etc. Suite 600		Suite, Apt. #, etc.		5. FEI Number 65-0367881	
City & State Ft. Lauderdale, FL		City & State		Applied For Not Applicable	
Zip 33316		Country USA		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

REINSTATEMENT 9698

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	Michael V. Massari	707 SE 3rd St., #600	Ft. Lauderdale, FL 33316
D	Douglas Freese	619 NE 28th St.	Wilton Manors, FL 33334
D	Maureen Kenny	1224 SW 4th Ct.	Ft. Lauderdale, FL 33312
			500002718875-9 -12/22/98-01051-004 ***367.50 ***367.50
			29 12/15

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Michael V. Massari Suite 600 707 SE Third Avenue Ft. Lauderdale, FL 33316	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0905, F.S.

Signature of Registered Agent Michael V. Massari Date December 1, 1998
REGISTERED AGENT MUST SIGN

Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

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 for 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 paid 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: Michael V. Massari
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Michael V. Massari

Date 12/1/98 (954) 462-5046
Daytime Phone #