

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 DEC 21 AM 9:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N51104**

1. Corporation Name

**ENDEAVOR GROUP HOMES, INC.**

Principal Place of Business

8535 N.W. 29TH DRIVE  
CORAL SPRINGS FL 33065

Mailing Address

ENDEAVOR GROUP HOME, INC  
8535 NW 29TH DR  
CORAL SPRINGS FL 33065  
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

To Do Business in Florida

10/02/1992

5. FEI Number

65-0367966

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	POSEY, LINDA	6511 N.E. 21ST WAY	FT LAUDERDALE FL 33308
PD	FLADER, JANET	6562 BOCA DEL MAR DR., APT. 126	BOCA RATON FL 33443
VPD	JONES, ANNE L	6510 SW 49TH STREET	DAVIE FL 33314
D	LANK, EILEEN M	2733 N.E. 37TH DR	FT LAUDERDALE FL 33308
TD	ONORATI, GARY	767 SO STATE ROAD 7 (SUITE 13)	MARGATE FL 33068
D	WIGAND, ROBERTA	715 S.W. 14TH AVENUE, #3	FORT LAUDERDALE FL 33312

8. Name and Address of Current Registered Agent

MARTIN S. ROSENBLOOM, P.A.  
1133 SOUTH UNIVERSITY DRIVE  
SUITE 211  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

William C. LANK Jr.

Street Address (P.O. Box Number is Not Acceptable)

2203 W. Mc Nab Rd.

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33069

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

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\*\*\*\*236.25 \*\*\*\*236.25

Date

12/18/11

11. 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/18/11

Daytime Phone #

CR2ED40 (8/01)