


# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

04 OCT 22 PM 12:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA.

REINSTATEMENT

DOCUMENT # N93000002541		
1. Entity Name THE SAFE PLACE, INC.		

Principal Place of Business 2302 48TH AVE W BRADENTON, FL 34207 US	Mailing Address 102 1ST ST N BRADENTON, FL 34217
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10202004 REIN-NP CR2E099 (6/04)

4. FEI Number 65-0491449		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BARR, SCOTT 102 1ST ST N BRADENTON, FL 34217		Name Street Address (P.O. Box Number is Not Acceptable) City: FL Zip Code	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARR, SCOTT			NAME			
STREET ADDRESS	102 1ST ST N			STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 34217			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHELLE, ERNIE			NAME			
STREET ADDRESS	2302 48TH AVE W			STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 34207			CITY-ST-ZIP			
TITLE	C	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARR, TAMMY			NAME			
STREET ADDRESS	102 1ST STREET			STREET ADDRESS			
CITY-ST-ZIP	BRADENTON BEACH, FL 34217			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRAY, DONNA			NAME			
STREET ADDRESS	219 LAKEWOOD DR			STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 34210			CITY-ST-ZIP			
TITLE	M	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORGAN, RAY			NAME			
STREET ADDRESS	102 1ST STREET N			STREET ADDRESS			
CITY-ST-ZIP	BRADENTON BEACH, FL 34217			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WORTHERINGTON, BILLY			NAME			
STREET ADDRESS	102 1ST STREET			STREET ADDRESS			
CITY-ST-ZIP	BRADENTON BEACH, FL 34217			CITY-ST-ZIP			

700042100617  
10/22/04--01027--014 \*\*\$61.25

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-20-04 798-9191