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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED
98 MAR 16 PM 12:22

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation DOCUMENT # N94000001113

MARY'S GROUP HOME, INC.
3517 N.W. 179TH STREET
MIAMI, FL 33056

2. If Address in Block 1 is incorrect in any way, enter the correct address below. TALLAHASSEE, FLORIDA

Address

City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

REINSTATEMENT 9598

City and State Zip Code

4. Date Incorporated or Qualified To Do Business in Florida	5. FEI Number	FEI Number Applied For	6. $8.75 Additional Fee required for a Certificate of Status
MARCH 25, 1994	65-0478049	FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED ☐

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

1 Title(s)	2 Name of Officers and or Directors	3 Street Address of Each Officer and or Director (Do NOT Use Post Office Box Numbers)	4 City State Zip
PRES.	NORMA NAPLOES	3517 N.W. 179TH STREET	MIAMI, FL 33056
VICE PRES.	ERNESTO NAPOLES, JR.	3517 N.W. 179TH STREET	MIAMI, FL 33056
TREAS.	DIGNA S. MEDINA	265 W. 63RD STREET	HIALEAH, FL 33012
DIR	OVIDEO CASTRO	2775 OKEECHOBEE ROAD	MIAMI, FL 33013
DIR	ANGEL NAPLOES	19810 N.W. 47TH PLACE	MIAMI, FL 33055
DIR	GLORIA ABAD	19810 N.W. 47TH PLACE	MIAMI, FL 33055

3/17/98

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

J. D. MACK
9820 N.W. 7TH AVENUE
MIAMI, FL 33150

9. If changed, new registered agent office

Name

Street Address (Do NOT Use P.O. Box Number)

100002454064--7
-03/20/98--01115--006
****420.00 ****420.00

Street Address (Do NOT Use P.O. Box Number)

City State Zip

FL.

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 J. D. Mack REGISTERED AGENT MUST SIGN Date 3/11/98

If this corporation is exempt with I.R.S. 501(c)(3) tax exempt status check this box ☐

12. 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)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director Norma Napoles Date 3/11/98 Daytime Phone #