

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUL 14 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000002551

1. Corporation Name

Prodigal House, Inc.

REINSTATEMENT 03-09

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #

2825 SE Clayton Street

3. Mailing Office Address

2825 SE Clayton Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Stuart, Florida

City & State

Stuart, Florida

Zip

34997

Country

USA

Zip

34997

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

May 31, 1995

5. FEI Number

650589478

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Charles Nathaniel Saunders

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

2825 SE Clayton Street

Suite, Apt. #, Etc.

City

Stuart

State

FL

Zip Code

34997

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date

7/8/09

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Charles Nathaniel Saunders	2825 SE Clayton Street	Stuart, Florida 34997
V/D	Blake Beach	5926 SE Pine Drive	Stuart, Florida 34997
D/S/T	William Joseph Sheffield	2631 SE Clayton Street	Stuart, Florida 34997
D/M	Arthur Carter	2641 SE Clayton Street	Stuart, Florida 34997

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07/14/09-01018--006 **437.50

10. 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 contained in Chapter 119, 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:

CN Saunders

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/8/09

Date

772 349 3681

Daytime Phone #