

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N95000004029

1. Corporation Name

Serenity Concepts, Inc.
1650 West Oakland Park Blvd., Suite 9120
Ft. Lauderdale, Fl. 33311

Principal Place of Business

Mailing Address

1650 West Oakland Park Blvd.
Suite 9120
Ft. lauderdale, Fl. 33311

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

August 21, 1995

5. FEI Number

65-0616825

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/V/T	Basil T. Phillips	2850 N.W. 36TH Avenue	Lauderdale Lakes, Fl. 33311
D	Howard James	7845 N.W. 148TH Street	Miami Lakes, Fl. 33016
D	Patricia Thornhill	7440 N.W. 37th Ct.	Lauderhill, Fl. 33319
D	Dr. Michael Brady	4330 W. Broward Blvd. Su. P	Ft. Lauderdale, Fl. 33317
			6000002364846--6 -12/05/97--01113--007 ***236.25 ***236.25

8. Name and Address of Current Registered Agent

Basil T. Phillips
2850 N.W. 36TH Avenue
Lauderdale Lakes, Fl. 33311

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Basil T. Phillips
REGISTERED AGENT MUST SIGN

Date 11/19/1997

11. 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.)

12. 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:

Basil T. Phillips
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Basil T. Phillips

11/19/97
Date

954-735-5651
Daytime Phone #