PLEASE READ	ALL INSTRUCTIONS		TING THIS FORM.
APPLICATION	FLORIDA DEPARTMEN Sandra B. Mor		O MAY AND STORY
FOR REINSTATEMENT	Secretary of S	tate	B MAY 14 AM II: 56
DOCUMENT # N9500	000467/	TÃĒ	CRETARY OF STATE LAHASSEEFFLORIDA
1. Corporation Name Felicia's House, Inc.			
recica 3 1 louse 1	DEINSTATE	AENI 5/19	
Principal Place of Business STREET	Mailing Address	D. D. DICE	•
Miami, Floras 33142	295 N. Bicay		
2850 N.W. 141 Street Mismi, Finial 33050 If above addresses are incorrect in any way, line thr	Minus Florida eugh incorrect information and enter of	•	
2. New Principal Office Address. If Applicable 295 N. Biscome for A	3. New Mailing Office Address, If A	Applicable A 4. Date Incor	porated or Qualified siness in Florida
Suite, Api. #. etc.	Suite, Apt. #, etc	5. FEI Numb	TAPPINES I SI
County County	Wismi Fired	6.	\$8.75 Additional Fee required
7. Names and Street Addresses of Each Officer and	33169 NS	A CERTIFICA	TE OF STATUS DESIRED for a Certificate of Status
Title(s) Name of Officers and/or Directors	Stre Offi	et Address of Each cer and/or Director	City / State / Zip
E.Dir Felicia Whipp	(Chair) 295 Bise	e Post Office Box Numbers) When River Dr.	Miami, Fhilas 33169
Ex. Dir Felicia Whipple Chair 295 Biscayne Rue Dr. 1711Amil, Florida 33149			
Niechir Emmuel Whipple 295 Biscogne Know Rr. Minni, Florian 33169			
D. W. Many Givens-Myers 5895 N.W. 12th Avone Mimi, Finion 33127			
D Isubella White 2110 N.W.58th Street Minni, Florion 2314			Miami, Florida 23142
Enother CLIFTON H. RODRIGHEZ, C.M. 3146 N		.W. 68 Smeet	andodale, Florian 3314 2
D Treve Harris	1238 N.	w. 9 Avenue	FINIDA CITY, FISMAN 33084
8. Name and Address of Current	Registered Agent	9. Name and	Address of New Registered Agent
Felicia V. Whoples		Street Address (P.O. Box Number	Nhill ris Not Acceptage)
Mirmi, Firian 33169		COLORO CONTROL OF CASE AND	
Milmi, think 3	3169	city	-U5/15/98U1120U14 *****358.966 *****358.275
10. I, being appointed the registered agent of the abo	ve narled corporation, am familiar with	h and accept the obligations of Sec	tion 607.0505, F.S.
Signature of Registered Agent	GISTERED AGENT MUST SIGN		Date 5/01/98
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No W (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 filling 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.			
All which			
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 5/01/98 (305)919~8099 Daylime Phone #			
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