

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
**99 AR**  
 FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

99 NOV 10 PM 12:01

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **N 97000000595**

1. Corporation Name

**South Florida People Involved In Consensual Endeavors, Inc.**

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

**5346 Bonky Ct.**

Suite, Apt. #, etc.

City & State

**West Palm Beach, FL**

Zip

**33415**

**Palm Beach**

3. New Mailing Office Address, If Applicable

**5346 Bonky Ct.**

Suite, Apt. #, etc.

City & State

**West Palm Beach, FL**

Zip

**33415**

**Palm Beach**

4. Date Incorporated or Qualified To Do Business in Florida

**97**

5. FEI Number

**65-0724847**

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Dir	Karen Morton	5346 Bonky Ct.	W Palm Bch, FL 33415
Dir	Davi Hensen	23140 Rainbow Rd.	Boca Raton, FL 33428
Dir	Charles Carpenter	1116 90th Street	Surfside, FL 33154
			000003051070--5 -11/22/99--01095--010 *****61.25 *****61.25
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Ray C. Canales**  
**4894 Dolphin Dr.**  
**West Palm Beach, FL 33463**

Name **Karen Morton**

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

**5346 Bonky Ct.**

Suite, Apt. #, Etc.

City

**West Palm Beach, FL**

State

**FL**

Zip Code

**33415**

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

**Karen Morton**

REGISTERED AGENT MUST SIGN

Date **11/8/99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

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:

**Karen Morton**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11/8/99**

Date

**561-439-0691**

Daytime Phone #

CR2E081 (12/98)

November 8, 1999

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Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Application for Reinstatement, Document #N97000000595  
Southflorida People Involved in Consensual Endeavors, Inc

Dear Sir or Madam:

Please be advised that the original paperwork was never received. Per your office, we are sending a check for \$61.25, waiving all late fees.

Thank you,

*Karen Morton*  
Karen Morton  
Director, SPICE