

PLEASE READ ALL INSTRUCTIONS BEFORE COM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 22 2000 8:00 am
Secretary of State

DOCUMENT # N97000003539

1. Corporation Name

THE RESTORATION CENTER, INC.
N97000003539

2. Principal Office Address

1500 N. Congress Ave

Suite, Apt. #, etc.

Unit C-23

City & State

West Palm Beach, FL

Zip

33401

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 98-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

6-19-97

5. FEI Number

65-0760563

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

Anita E. Davis

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

1500 N. Congress Ave

Suite, Apt. #, Etc.

Unit C-23

City

West Palm Beach

State

FL

Zip Code

33401

500003350355-3

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****367.25 ****367.25

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

Anita E. Davis

Date 6-19-00

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
<u>Pres</u>	<u>ANITA E. DAVIS</u>	<u>1500 N. Congress Ave, Etc</u>	<u>West Palm Beach, FL 33401</u>
<u>Sec</u>	<u>Maude Bush Clayborne</u>	<u>2244D White Pine Circle</u>	<u>West Palm Beach, FL 33413</u>
<u>1st</u>	<u>Roderick White</u>	<u>5701 Candlewood</u>	<u>West Palm Beach, FL 33407</u>

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 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:

Anita E. Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-19-00

Date

(561) 478-9908

Daytime Phone #

CR2E081 (9/99)