

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200009712732
12/27/02--01026--008 **61.25



DOCUMENT # N99000000306

1. Corporation Name

REGGIE'S HOUSE - GIFTS AND VISITS FOR THE FORGOT
TEN, INC.

Principal Place of Business

1633 SW 28TH AVE
FORT LAUDERDALE FL 33312
US

Mailing Address

1633 SW 28TH AVE
FORT LAUDERDALE FL 33312
US

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

4. Date Incorporated or Qualified
To Do Business in Florida

01/19/1999

5. FEI Number

NOT APPLICABLE

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 3	City / State / Zip 4
PD	EVALL, AMY	1633 SW 28TH AVE	FORT LAUDERDALE FL 33312
VSTD	DUGAN, STEPHEN	1633 SW 28TH AVE	FORT LAUDERDALE FL 33312
VD	PICCOLO, BLOSSOM	1633 SW 28TH AVE	FORT LAUDERDALE FL 33312

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/23/02

11. 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/23/02

Daytime Phone #

305-343-
6924

CR2ED40 (8/02)

MEMO

Amy Evall, President
Reggie's House, Inc.
1633 SW 28th Ave.
Ft. Lauderdale FL
33312

Division of Corporations
Annual Report / Reinstatement Section.
PO Box 6327
Tallahassee, FL 32314-6327

Dec 23, 2002.

Dear Sir/Madam:

In November of 1999 I was seriously injured in a chemical exposure and as a result, have moved a number of times in the past three years. Unfortunately, I did not receive notice of payment due for my non-profit organization, Reggie's House, Gifts and Visits for the Forgotten.

I am still very active in doing work for the elderly in nursing homes and ask that you please do not dissolve my organization.

Sincerely,

Amy Evall, President

Amy Evall
President
Reggie's House, Inc.