

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS10 JUN -7 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # n99000004264

1. Corporation Name

the welcome home foundation

2. Principal Office Address - No P.O. Box #

8910 miramar pk wy

Suite, Apt. #, etc.

100-B

City & State

miramar fl

Zip

33025

Country

us

3. Mailing Office Address

9101 s lake miramar cir

Suite, Apt. #, etc.

City & State

miramar fl

Zip

33025

Country

us

800181775868
06/07/10--01063--001 **\$6.25

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number



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

jino st lot sr

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

9101 s lake miramar cir

Suite, Apt. #, Etc.

City

miramar

State

FL

Zip Code

33025

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

JINO ST LOT SR

Date 5-26-10

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
p	st lot sr jino	9101 s lake miramar cir	miramar fl 33025
vp	st lot Rosalee	9101 s lake miramar cir	miramar fl 33025
sd	st lot Jermelle	9101 s lake miramar cir	miramar fl 33025
T	henry fritz	9101 s lake miramar cir	miramar fl 33025

10. E-mail Address: welcomehomefoundation@gmail.com

(To be used for future annual report notification)

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. I further certify 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-26-10

Daytime Phone #