

1062

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

01-02-UBR

SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN 22 PM 4:00

DOCUMENT # P00000026666

1. Corporation Name

Serenity Springs Inc

400004880684--4
-02/05/02--01057--020
*****300.00 *****300.00

2. Principal Office Address

503 S McGee Ave

Suite, Apt. #, etc.

3. Mailing Office Address

503 S McGee Ave

Suite, Apt. #, etc.

City & State

Apopka, FL

City & State

Apopka, FL

Zip

32703

Country

America

Zip

32703

Country

America

4. Date Incorporated or Qualified
To Do Business in Florida

1-2001

5. FEI Number

59-3635225

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒38.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Deandra Little

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

503 S McGee Ave

Suite, Apt. #, Etc.

City

Apopka

State

FL

Zip Code

32703

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

Deandra Little

Date

1-17-02

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
Pres	Deandra Little	503 S McGee Ave	Apopka / FL / 32703
Sec	Deandra Little	"	"
Treas	"	"	"
			AD

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 907 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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-02

Assisted Living • Adult Day Care

503 S. McGee Avenue, Apopka, Florida 32703 • Phones: (407) 886-3093 • (407) 884-8758

-2-

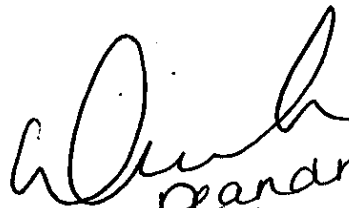
Serenity Springs

Dept of State
Division of Corporations

To whom It may Concern

Serenity Springs Inc never received
a Uniform Business Report to the
business address listed 503 S
McGee Ave Apopka, FL 32703. Could
you please waived the fee.
we have enclosed 300.00 to
for cover 2001 + 2002. we was
not aware of the UBR

Thanks you in Advance


Deandra Little

we can be reach @ 407 886 3093