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

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****300.00 ****300.00

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******8.75 ******8.75

DOCUMENT # P00000026666

1. Corporation Name: Serenity Springs Inc

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 503 S McGee Ave | 503 S McGee Ave |
| Suite, Apt. #, etc.: — | 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 ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Deandra Littles
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: [signature] Date: 1-17-02
REGISTERED AGENT MUST SIGN

CR2E091 (9/01)

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 Littles | 503 S McGee Ave | apopka / Fl / 32703 |
| Sec | Deandra Littles | " | " |
| 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 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] 1-17-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

-2-

*Assisted Living • Adult Day Care*

**Serenity Springs**

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

Dept of State
Division of Corporation

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 30.00 to cover ~~so~~ 2001 + 2002. we was not aware of the UBR

Thanks you in Advance

Deandra Little

we can be reach @ 407 886 3093