

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 MAY 13 PM 1:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P000 000 28366

1. Corporation Name

Havencrest II ALF, Inc  
4244 NW 51st St.  
Coconut Creek, FL 33073

REINSTATEMENT 01-82

2. Principal Office Address

4244 NW 51st St.

Suite, Apt. #, etc.

3. Mailing Office Address

4244 NW 51st St.

Suite, Apt. #, etc.

City & State

Coconut Creek FL

City & State

Coconut Creek, FL

Zip

33073

Country

USA

Zip

33073

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

3/20/00

5. FEI Number

65-0991969

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

Yvonne Johnson

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

9644 NW 24th place

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33065

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

Yvonne Johnson

REGISTERED AGENT MUST SIGN

Date 5-10-02

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
PSTD	YVONNE JOHNSON	9644 NW 24th Place	Coral Springs FL 33065

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:

Yvonne Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-10-02

Daytime Phone #

954-683-3945

CR2E081 (9/01)