

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 FEB -9 AM 11:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P 000000 4T224**

1. Corporation Name

**SAFE 1031 HARBOUR, INC.**

400143191454  
02/09/09--01058--007 \*\*300.00

**REINSTATEMENT 07-09**

400143191454  
02/09/09--01058--007 \*\*150.00

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

**SAFE 1031 HARBOUR, INC.  
C/o R. C. Keene, Atty.  
1122 Third St. (Suite 3)  
Neptune Beach, FL 32266**

3. Mailing Office Address

**P.O. Box 331847**

Suite, Apt. #, etc.

City & State

**ATLANTIC BEACH, FL**

Zip

Country

**USA**

Zip

**32233**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

**59-367801**

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

**BRIAN S. JOHNSON, Esq.**

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

**800-B THIRD STREET**

Suite, Apt. #, Etc.

City

**NEPTUNE BEACH**

State

**FL**

Zip Code

**32266**

☒ 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.

*Rev.*

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

*Brian S. Johnson*

REGISTERED AGENT MUST SIGN

Date **2/4/09**

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
DP	RICHARD C. KEENE, CEO	733 BAY ST.	NEPTUNE BEACH 32266
ID	STEPHANIE O. JAFFE	1511 LEONARD LANDING	NB FL 32266
DS	MARY E. KEENE	733 BAY ST.	N.B, FL 32266

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 contained in Chapter 119, 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 PRINT

NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Richard C. Keene, CEO* **2/4/09**

**904-247-1600**