PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEDADTAGAINATA CONTRACTOR OF THE PROPERTY O

COR	RPORATION (Ka Se	EPARTMENT OF STATE therine Harris cretary of State on of corporations		FILED		
DOCUMENT #PDDDDD 99786 1. Corporation Name					SECRETARY OF STATE TALLAHASSEE, FLOMBA		
5/	HEITERED CARE-	HOME, I	FNC				
<u> </u>		T _		4			
4	10ffice Address 372 NW 36 th WA		SAME	_			
Suite, Apt. #, etc. Suite, Apt. #, e			4. Date incorporated or Qualified To Do Business in Florida				
City & State LAND LAKES, FC City & State			SAME	5. FEI Number Applied For Not Applicable			
33335 Country USA Zip SA			Country SAME	6. CERTIFICATE	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent							
	Name TOYCE LAWRENCE Street Address (P.O. Box Number is Not Acceptable) 43.72 NW 36.4x WAY Sulte, Apt. #, Etc. Sulte, Apt. #, Etc.						
	LANDERDAY LAKES, FL				State Zip Code 3333		
8. I, being Signature of Registered	Agent Agent	ve named corporati	-	obligations of section	on 607.0505 or 617.0503, F.S.	СКЕТОР (9:01)	
9. Names	and Street Addresses of Each Officer and	Vor Director (Florid	a nonprofit corporations must list at	least 3 directors)			
Tilles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / Sta	nte / Zip	
RE5	JOYCE LAWRE	ENCE	4372 NW 36th KM		LANS L	AKES, FC	
					33309		
						7	
this rei	r that I am an officer or director or the receinstatement application, the reason for dissipy the corporation have been paid and the application is true and accurate, and my structure.	olution has been el names of individual ignature shall have	iminated, the corporate name satisfi is listed on this form do not qualify fo	ies the requirements or an exemption und	of section 607.0401 or 617.0 er section 119.07(3)(i), F.S. T	0401, F.S., that all fees	
	SIGNATURE THE STREET	JOHNE OF SIG	V (PON ON DINEO ION		/		

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Sheltered Care – Homes Inc.



A Community Support Service Provider Administrator: Joyce Lawrence 4372 NW 36 Way Lauderdale Lakes, Fl. 33309 Tel: (954) 739-9424 Pg.: (954) 528 0727

Department of State Division of Corporations P.O. Box 6327. Tallahassee, Fl. 323399 January 2,2002

Dear Sir,

1

I recently learned that my company name has been dissolved due to non payment of fees. I called your office and explained that I did not receive any notification for fees, and that this failure was not intentional. The house is being remodeled and this may have given the post man cause to think it was not occupied.

The officer I spoke to, advised me to send this letter and the fee for 2001 and 2002 which is now due. Enclosed is a check for \$300 to cover the period mentioned.

Please accept my sincere apology for this situation. I would like to keep the company name. My situation is that it has taken me a long time to get the house up to code, therefore it is constantly being worked upon. I hope to complete the work and get my license within the next three months.

I hope this explanation is acceptable for you to reinstate my company name.

Thankovou in anticipation