

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT #P01000086362

1. Entity Name
BE SAFE HOMES, INC.



Principal Place of Business
8177 W GLADES ROAD
#13
BOCA RATON, FL 33434 US

Mailing Address
6141 OLD COURT RD
APT 230
BOCA RATON, FL 33433

2. Principal Place of Business - No P.O. Box #
6141 OLD COURT ROAD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT 230

City & State
BOCA RATON, FL

City & State

Zip
33433

Country
USA

Zip

Country



10242008 REINSTATEMENT 10242008 (1/07) 08

4. FEI Number
59-3743271

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PHILLIPS, PETER
6141 OLD COURT RD
APT 230
BOCA RATON, FL 33433

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PHILLIPS, PETER
6141 OLD COURT RD APT 230
BOCA RATON, FL 33433 ☐ Delete

TITLE
NAME
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CITY-ST-ZIP
000138325710
12/01/08--01040--005 **\$150.00 ☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PETER PHILLIPS / PETER PHILLIPS

10-27-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #