

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JUN -2 PM 12:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P01000086362

1. Corporation Name

BE SAFE HOMES, INC.

2. Principal Office Address

10821 FOX GLEN DRIVE  
BOCA RATON FL 33428

3. Mailing Office Address

10821 FOX GLEN DRIVE  
BOCA RATON, FL 33428

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 02-03  
STATE OF FLORIDA  
JUN 03 10:00 AM 2003

4. Date Incorporated or Qualified  
To Do Business in Florida

03/30/2001

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent \*\*

Name

~~ARTHUR MORGAN~~

PETER PHILLIPS

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

~~2332 RINGBARK BOULEVARD~~ 10821 FOX GLEN DRIVE

Suite, Apt. #, Etc.

~~SUITE D-143~~

~~BOCA RATON~~

City

~~SARASOTA~~

BOCA RATON

State

FL

Zip Code

33428

~~33428~~

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

*Peter Phillips*

Date

REGISTERED AGENT MUST SIGN

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
MR	PETER PHILLIPS <del>Director</del>	10821 FOX GLEN DRIVE	BOCA RATON, FL 33428

300018801753

05/12/03--01032--007 \*\*600.00

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:

*Peter Phillips*

PETER PHILLIPS

27 MAR 03

561-477-1035

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

g 6/2