

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

Page 1 of 2

FILED
03 OCT 14 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000105904**

1. Corporation Name

SERENITY GARDENS AT LAUDERHILL, INC.

Principal Place of Business

5821 NW 28 STREET
LAUDERHILL FL 33313

Mailing Address

5821 NW 28 STREET
LAUDERHILL FL 33313

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



500023770395
10/14/03--01003--009 **150.00

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/01/2001

5. FEI Number

65-1148603

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

P

SPAW, SUSAN

~~7667 W SAMPLE RD #456~~

~~5821 NW 28 ST~~

~~CORAL SPRINGS FL 33065~~

~~LAUDERHILL FL 33313~~

V

SPAW, CHRISTIAN

~~7667 W SAMPLE RD #456~~

~~5821 NW 28 ST~~

~~CORAL SPRINGS FL 33065~~

~~LAUDERHILL FL 33313~~

REINSTATEMENT 03

TS

8. Name and Address of Current Registered Agent

SPAW, SUSAN

~~7667 W SAMPLE RD #456~~

~~CORAL SPRINGS FL 33065~~

9. Name and Address of New Registered Agent

Name

SUSAN SPAW

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

5821 NW 28 ST

Suite, Apt. #, Etc.

City

LAUDERHILL

State

FL

Zip Code

33313

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Susan Spaw

Date 10-8-03

REGISTERED AGENT MUST SIGN

11. 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:

Susan Spaw

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-8-03

Daytime Phone #

954-777-0038

CR2E040 (7/03)

179622

Oct 8 2003

To whom it may concern:

Please be advised that I
never received my renewal notice
for this corp.

I have made changes to new
address so this will not happen in
the future.

Sincerely,

Susan Spaw