

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -5 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000108685

1. Corporation Name

MARIA'S GROUP HOME, INC.

Principal Place of Business

Mailing Address

2222 FOREST STREET  
HOLLYWOOD FL 33020

2222 FOREST STREET  
HOLLYWOOD FL 33020

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/09/2001

5. FEI Number

65-1027569

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	WALKER, WENDALL	2222 FOREST STREET	HOLLYWOOD FL 33020

100002809881  
11/05/02--01085--013 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HINES, SHARI ESO  
1545 EAST OAKLAND PARK BLVD SUITE A  
FT LAUDERDALE FL 33334

Name

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

4430 Inverrary Blvd.

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33319

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

10/25/02

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/25/02

Daytime Phone #

(954) 922-0876

CR2E040 (8/02)

October 28, 2002

Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

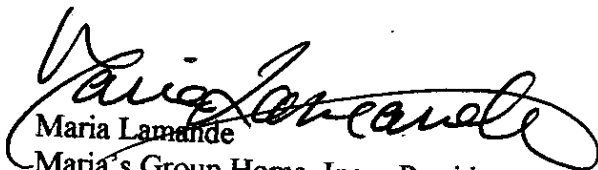
**Re: Reinstatement Fee**

Dear Sir/Madam:

Please be advised that we are requesting a waiver of the reinstatement fee. Neither the officers, directors nor Registered Agent of this corporation received the two prior notices of filing Annual Report/Uniform Business Report.

At this time we are hereby requesting a reinstatement of and are enclosing the requisite form and fee.

Sincerely,

  
Maria Lamande  
Maria's Group Home, Inc. - President