

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 OCT 28 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000115334

1. Corporation Name

LIBERTY HOUSE II, INC.

Principal Place of Business

455 SW 15 STREET
FORT LAUDERDALE FL 33315

Mailing Address

455 SW 15 STREET
FORT LAUDERDALE FL 33315



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

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

12/05/2001

5. FEI Number

651158405

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	SAX, LISA A	6611 NW 43RD TERRACE	BOCA RATON FL 33496

900008637479

10/28/02--01128--009 **150.00

8. Name and Address of Current Registered Agent

MEACHAM, ROBERT C-ESQ
MAY MEACHAM & DAVELL
ONE FINANCIAL PLAZA SUITE 2602
FORT LAUDERDALE FL 33394

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/02

Date

800-323-6978

Daytime Phone #

CR20040 (8/02)

LIBERTY HOUSE INC.

TO: State of Florida, Dept of State
FROM: Lisa Jaf, President Liberty House II, Inc
DATE: 10-25-02
CC:

To whom it may concern,

Please accept this letter as apology
for not receiving your check earlier.

This is the first time I received
notice. The notices had been
sent to the rental property instead of
the office: " 6611 NW 43rd "

TERACE
BOCA RATON, FL 33496

Therefore, I never received until this one
I filled out the form for mailing
address change in Box #3; I assure
you next time are sent to above address
this will not happen again.

Thank you in advance for understanding -
Lisa Jaf