

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2007 JUN -7 PM 1:52

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **P04 0000 39754**

**1. Corporation Name**

**ANNIE HOUSE, INC.**

**2. Principal Office Address - No P.O. Box #**

**2450 NW 183 ST.**

Suite, Apt. #, etc.

City & State

**MIAMI GARDENS, FL**

Zip

**33056**

Country

**USA**

**3. Mailing Office Address**

**2450 NW 183 ST**

Suite, Apt. #, etc.

City & State

**MIAMI GARDENS, FL**

Zip

**33056**

Country

**USA**

**REINSTATEMENT**

CR2E081 (1/07)

**06-07**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

**24-0298933**

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒**

**\$8.75 Additional Fee required  
for a Certificate of Status**

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

Name

**THE BARRISTER LAW OFFICE, P.A.**

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

**610 NW 183 STREET**

Suite, Apt. #, Etc.

**SUITE 202A**

City

**MIAMI GARDENS**

State

**FL**

Zip Code

**33169**

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**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

**[Signature]**

REGISTERED AGENT MUST SIGN

Date **6/6/07**

**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
P	CARLEEN BENJAMIN	610 NW 183 STREET SUITE 202A	MIAMI GARDENS, FL 33169
VP	ANNIE MAE NELSON	2450 NW 183 STREET	MIAMI GARDENS, FL 33056

**900104434649**  
**06/15/07-01059-010 \*\*300.00**

**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 contained in Chapter 119, 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:**

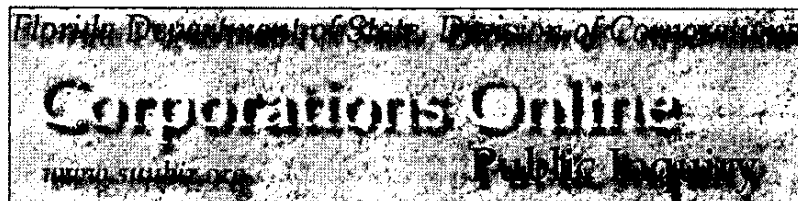
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**CARLEEN BENJAMIN**

Date

**6/6/07 (305) 690-9356**

Daytime Phone #



#150.00 A.R.  
 #450.00 R.F.  
 #177.50 S.F.  
 #123.50 A.F.  
 \$900.00

## Florida Profit

**ANNIE HOUSE, INC.**

**PRINCIPAL ADDRESS**  
 2960 NW 208TH TERRACE  
 MIAMI FL 33056

**MAILING ADDRESS**  
 2960 NW 208TH TERRACE  
 MIAMI FL 33056

**Document Number**  
 P04000039754

**FEI Number**  
 NONE

**Date Filed**  
 03/02/2004

**State**  
 FL

**Status**  
 INACTIVE

**Effective Date**  
 NONE

**Last Event**  
 ADMIN DISSOLUTION  
 FOR ANNUAL REPORT

**Event Date Filed**  
 09/16/2005

**Event Effective Date**  
 NONE

## Registered Agent

Name & Address
BENJAMIN, CHRISTOPHER E ESQ 19 WEST FLAGLER STREET MIAMI FL 33130

## Officer/Director Detail

Name & Address	Title
BENJAMIN, CARLEEN E ESQ 16426 BRIAR PATCH PALCE MIAMI LAKES FL 33014	CEO
NELSON, ANNE MAE 2960 NW 208TH TERRACE MIAMI FL 33056	COO

Charter Number Only

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6-00-07

THE BARRISTER LAW OFFICE

Requestor's Name

610 NW 183 St. 202

Address

Miami Gardens, FL 33169

City

State

ZIP

Phone

(305) 690-9356

CORPORATION(S) NAME

Annie House, Inc.

# P040000039784

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Profit                   | <input type="checkbox"/> Amendment          | <input type="checkbox"/> Merger                            |
| <input type="checkbox"/> NonProfit                | <input type="checkbox"/> Foreign            | <input type="checkbox"/> Mark                              |
| <input type="checkbox"/> Limited Partnership      | <input type="checkbox"/> Dissolution        | <input type="checkbox"/> Other                             |
| <input checked="" type="checkbox"/> Reinstatement | <input type="checkbox"/> Annual Report      | <input type="checkbox"/> Change of Registered Agent        |
| <input type="checkbox"/> Certified Copy           | <input type="checkbox"/> Reservation        | <input checked="" type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Call When Ready          | <input type="checkbox"/> Photo Copies       |  |
| <input checked="" type="checkbox"/> Walk In       | <input type="checkbox"/> Call If Problem    | <input type="checkbox"/> After 4:30                        |
| <input type="checkbox"/> Will Wait                | <input checked="" type="checkbox"/> Pick Up | <input type="checkbox"/> Mail Out                          |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier



Empire Toll Free: 1-800-432-3028