


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000169159			
1. Entity Name WITH OPEN ARMS RESIDENCE, INC.			
Principal Place of Business 6801 NW 11TH PLACE PLANTATION, FL 33313		Mailing Address 6801 NW 11TH PLACE PLANTATION, FL 33313	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-1238560		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DANIELS, ELMA E 6801 NW 11TH PLACE PLANTATION, FL 33313		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Elma Daniels</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DANIELS, ELMA E 6801 NW 11TH PLACE PLANTATION, FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address. With all other like empowered.		STATEMENT OF 12/06/05	
SIGNATURE: <u>Elma Daniels</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>12/5/05</u> Daytime Phone #	

***With Open Arms Residence, Inc.  
6801 N.W. 11 Place  
Plantation, Florida 33313***

December 5, 2005

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Attention: Tyrone Scott.

Re: WITH OPEN ARMS RESIDENCE, INC.  
Document #P04000169159

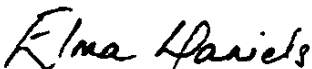
Further to our telephone conversations in October and this morning with regard to the abovementioned corporation, we are enclosing a new reinstatement application duly signed. Your office is already in receipt of the payment of One Hundred and Fifty Dollars (\$150.00) please apply same.

We apologize for the delay in the communication, as we had severe illness which resulted in death, in our family. Business matters were not being handled promptly. Please waive any other fees or penalties that may have been incurred.

Thank you for your co-operation. If there are any further questions on this matter feel free to speak with Marcia Mestre at 954-792-3000.

Sincerely,

WITH OPEN ARMS RESIDENCE, INC.



Elma Daniels,  
President

ED/mm

FAXED: December 5, 2005  
TO: 850-245-6017

PS: We did not receive any notices prior to the dissolution dat of September 16, 2005, again  
We are asking that you waive the fees.