

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUL 28 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000028741

1. Corporation Name

Savior Homes Inc

600158987646
07/28/09--01049--002 **450.00

REINSTATEMENT 07-09
CR2E081 (12/08)

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

6964 Ramoth Drive

3. Mailing Office Address

6964 Ramoth Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville Florida

City & State

Jacksonville Fl

Zip

32226

Country

US

Zip

32226

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

08/01/2006

5. FEI Number
20-4475010

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

Kevin Browne

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

6964 Ramoth Drive

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32226

☒ 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

Kevin Browne

REGISTERED AGENT MUST SIGN

Date

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
Pres	Browne Kevin	6964 Ramoth Drive	Jax Fl 32226
VP	Alfred Wolf	6964 Ramoth Drive	Jax Fl 32226
	<i>M 9/3</i>		

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:

Kevin Browne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #