

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

16 NOV 29 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P15000045166

1. Corporation Name

Safe Haven PB, INC

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

800 SW 9th Court

Suite, Apt. #, etc.

3. Mailing Office Address

800 NE 13th Street

Suite, Apt. #, etc.

4

City & State

Compass Beach, FL

City & State

Fort Lauderdale, FL

Zip

33060

Country

U.S.A.

Zip

33304

Country

U.S.A.

CR2B081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5/20/2015

5. FEI Number

47-4064124

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

Jacob Hillman

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

800 NE 13th Street

Suite, Apt. #, Etc.

4

City

Fort Lauderdale

State

FL

Zip Code

33304

000292757650
11/23/16--01028--006 **600.00

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]

Date 11/21/16

REGISTERED AGENT MUST SIGN

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 |
|---|--------------------------------------|---|---------------------------|
| MGRP | Tiffany Skuratov | 71 NE 49th Street | Fort Lauderdale, FL 33334 |
| MGRP | Jacob Hillman | 800 NE 13th Street, Apt. 4 | Fort Lauderdale, FL 33304 |
| | | | |
| RA Fee is on RA Change Form Filed on 11/21/16. | | | |
| | | | |
| | | | |

10. E-mail Address:

JNHillman@gmail.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature]

11/21/16

443-253-63

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #