APPLICATION FOR REINSTATEMENT FOR 1997

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE
FILED
97 FEB 21 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: *Department of State*

1 Name and Mailing Address of Corporation: DOCUMENT # P92000013005

ELIZABETH HOUSE, INC.
1001 N.E. 27th Terrace
Pompano Beach, Florida 33062

If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

City and State

Zip Code

3 Date Incorporated or Qualified To Do Business in Florida: 12.16.1992

4. FEI Number: 65-0374624

☐ FEI Number Applied For
☐ FEI Number Not Applicable

5 Names and Street Addresses of Each Officer and/or Director

1 Title	2 Names of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
P/D	HORST NIERER	2861 Somerset Drive Suite F-317	Fort Lauderdale, FL 33311
			300002096363--0 -02/25/97--01039--010 ***1245.00 ***1245.00

REINSTATEMENT 2-24-97 2/21/97

This corporation has liability for intangible tax under section 199.032, Florida Statutes. ☐ Yes ☒ No
For intangible tax information call Department of Revenue 904-488-6800.

REGISTERED AGENT INFORMATION

6. Name and Address of Current Registered Agent

LARRY J. BEHAR, P.A.
888 S.E. Third Avenue
Suite # 400
Fort Lauderdale, Florida 33316

7. Name and Address of New Registered Agent

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City and State: FL

Zip Code

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505, F.S.

Signature of Registered Agent ✓ Date 02.20.1997

REGISTERED AGENT MUST SIGN

9. I certify that I am an officer or director of 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. 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 of Officer or Director Date 02.20.1997 Phone # (954) 486-9684

Typed or printed name of signing officer or director