

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra J. ...  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

FILED

97 NOV 10 AM 11:27

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P94000006002

1. Corporation Name

VIOLET'S RETIREMENT HOME, INC.

Principal Place of Business

Mailing Address

553 VIOLET AVE  
PORT ST LUCIE FL 34983

106 N.E. TWYLITE TERRACE  
PORT ST. LUCIE FL 34983



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

01/14/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0465495

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PS	CHANDRADATT, BEEBEE K	106 N.E. TWYLITE TERRACE	PORT ST LUCIE FL 34983
VP	BACCHUS, DUANE N	698 AVENS AVENUE	PORT ST LUCIE FL

\$115.00 5/02/97 9/6/10/03H

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHANDRADATT, BEEBEE K  
106 N.E. TWYLITE TERRACE  
PORT ST. LUCIE FL 34983

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. 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

*Beebee Chandradatt*

Date

*AD*

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes  No

(See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

*Beebee Chandradatt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2040 (8/97)