

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF REVENUE
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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/14/1994	
City & State		City & State		5. FEI Number	
Zip		Country		65-0465495	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	

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	Zip Code
	FL	

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 REGISTERED AGENT MUST SIGN Date AD

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)