

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2016 APR -1 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P940000010962

1. Corporation Name

Rona's Retirement Home

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

10900 SW 177th Ter

3. Mailing Office Address

10900 SW 177th Ter

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33157

Country

USA

Zip

33157

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

02-03-1994

5. FEI Number

65-0468797

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

Beverly Ramnarine

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

10900 SW 177th Ter

Suite, Apt. #, Etc.

Miami, FL

City

Miami

State

FL

Zip Code

33157

100284060891

04/01/16--01028--017 **750.00

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 3-24-16

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
D	Beverly Ramnarine	10900 SW 177th Ter	Miami FL 33157
A	Rosella Harpaul	10520 SW 108 Ave	Mi FL 33157
At Ad	Ramnarine Ramnarine	10900 SW 177th Ter	Mi FL 33157
	REINSTATEMENT		
	2016		

10. E-mail Address: MARIANNA33157@bnet.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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/16

Date Daytime Phone #