

P95 000035644

PATRICIA I. TAYLOR, P.A.

73 SOUTHWEST FLAGLER AVENUE
STUART, FLORIDA 34994

PATRICIA I. "TISH" TAYLOR

GLEN J. TORCIVIA
OF COUNSEL

TELEPHONE
(407) 283-8101

FACSIMILE
(407) 283-4300

May 1, 1995

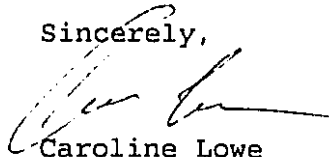
Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

SUBJECT: QUILTER'S HAVEN, INC.

Enclosed please find an original and one (1) copy of the articles of incorporation and a check in the amount of \$122.50. Also enclosed is a self-addressed, postage paid Federal Express Pak for return mail.

Thank you for your prompt attention to this matter.

Sincerely,


Caroline Lowe

Enclosures

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -2 PM 9:46
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ARTICLES OF INCORPORATION
OF
QUILTER'S HAVEN, INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

QUILTER'S HAVEN, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1893 S.W. ANGELICO LANE
PORT ST. LUCIE, FLORIDA 34984

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ONE HUNDRED (100) SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

PATRICIA I. TAYLOR, ESQUIRE
73 SOUTHWEST FLAGLER AVENUE
STUART, FLORIDA 34994

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DIVISION OF REVENUE

ARTICLE V INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

BARBARA N. PINZONE
1893 S.W. ANGELICO LANE
PORT ST. LUCIE, FLORIDA 34984

The undersigned incorporator has executed these Articles of Incorporation this 15th day of May, 1995.

Barbara N. Pinzone
Signature

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95 MAY -2 11 58 AM

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/
REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

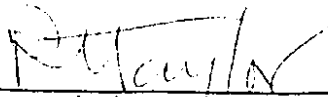
1. The name of the corporation is:

QUILTER'S HAVEN, INC.

2. The name and address of the registered agent and office is:

**PATRICIA I. TAYLOR, ESQUIRE
73 SOUTHWEST FLAGLER AVENUE
STUART, FLORIDA 34994**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Signature)

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DIVISION

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000035644**

1 Corporation Name

QUILTER'S HAVEN, INC.

FILED

96 OCT -9 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

1893 S.W. ANGELICO LN.
PORT ST. LUCIE FL 34984

Mailing Address

1893 S.W. ANGELICO LN.
PORT ST. LUCIE FL 34984

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

REINSTATEMENT 96

05/02/1995

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.

5. FEI Number

65-0577916

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☒

\$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
P/S	BARBARA PINZONE	1893 SW Angelico LN	PORT ST LUCIE, FL 34984
V/T	LILLIAN PINZONE	1893 SW Angelico LN	PORT ST LUCIE, FL 34984

800001979508--9
-10/18/96--01020--004
****383.75 ****383.75

AS 10/17/96

8. Name and Address of Current Registered Agent

TAYLOR, PATRICIA I
73 S.W. FLAGLER AVE.
STUART FL 34994

9. Name and Address of New Registered Agent

Name
BARBARA PINZONE
Street Address (P.O. Box Number is Not Acceptable)
1893 S.W. Angelico LANE
Suite, Apt. #, Etc.

City
PORT ST LUCIE
State
FL
Zip Code
34984

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

Barbara Pinzone

REGISTERED AGENT MUST SIGN

Date 9-30-96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Barbara Pinzone
BARBARA PINZONE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-30-96 501-879-9989
Date Daytime Phone #