FLEASE READ ALL INSTRUCTIONS BEFORE COM LETING THIS FORM.											
APPLICATION 🦂 🍇				FLORIDA		RTMENT OF STAT	E				
I	FOR			<del>-</del>		<b>ne Harris</b> ry of State		• •			
REINSTATEMENT				DIVISION OF CORPORATIONS				Parameter Company			
DOCUMENT # P97000057445								O B Bar Crar Edit			
1 Corporation Name								99 DEC -1 PM 3: 52			
Howard's Haven Inc.								SECRETARY OF STATE			
								SECRETARY OF STATE TALLAHASSEE, FLORIDA			
•	Principal Place of Business										
	31535 Ave. C				Sex 271						
Bigfine key FL Bi 33043					Big Pine key FL 33043-0221						
If above addresses are incorrect in any way, line through incorrect information and enter correction below.											
2 New Prin	ricipal Office /	Address, If A	pplicable	3. New Mailir	ng Office Ad	dress, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida				
Suite Apt #	⊭, etc			Suite, Apt. #, etc.			5. FEI Numbe	5. FEI Number Applied For			
City & State				City & State				65-0833321 Not Applicable			
Zip Country			Zip		Country	6. CERTIFICAT	58 /5 Ad-01 and		fd anal Eco required of triate of Status		
7. Names a	and Street Ad	dresses of E	ach Officer and/o	r Director (Flo	rida nonprofi	t corporations must list at	least 3 directors)				
Title(s)		Name of Officers and/or Directors					nch tor	City / State / Zip			
. !	2				,	NOT Use Post Office Bo	x numbers)	-			
PD	Ackas	Aclass, Luke			31535 Ave			Big Pine Key	FL	33045	
vo	Ackiss, Lynn					1	Big fine Key F		a	2	
. • •				31535 Ave		Ave C	OIG TIME REG		rl		
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						9.	3-0013	TS.			
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TIEINSTATEMENT											
							5000030712553				
1	R Nam	a and Addr	ess of Current R	enistered Ans				-12/15/99	-01069	3016	
8. Name and Address of Current Registered Agent Name								<del>nin kalenda</del> n di di di di 1945 di di di di 1956	रेल रुज्याना	88 88	
Luke Ackess Street Addres							(P.O. Box Number is Not Acceptable)				
31635 ALC C						Suite, Apt. #, I	Suite, Apt. #, Etc.				
Big Pire Key FL 33043						City	City State Zip Code				
10 L barna	annointed th	o conintered	agast of the chav	o comed cores	ration am la	amiliar with and accept the	abligations of Cost	F	L		
Signature of		e regisiered	auent or the abov	e named corpo	• • • • • • • • • • • • • • • • • • •	uninai wiin and accept iin	ODIGATIONS OF Sect				
Registered i			we PREC	GISTERED AG	ENT MUST	SIGN		Date 11/28/09			
11. This corporation owes the current year (See other side for information											
Intangible Personal Property Tax due June 30. Yes No No 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 filling 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.											
/, 1) .											
SIGNATURE: JULE FOLLOW LUKE ACKISS 11/28/99 3055150183											