

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 25 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-09
CR2E081 (11/09)

DOCUMENT # **P98000015519**

1. Corporation Name
SELECT GROUP HOMES, Inc.

2. Principal Office Address - No P.O. Box #
4730 30th St. W.
Suite, Apt. #, etc.

3. Mailing Office Address
4730 30th St. W.
Suite, Apt. #, etc.

City & State
Bradenton FL

City & State
Bradenton FL

Zip Country
34207 USA

Zip Country
34207 USA

4. Date Incorporated or Qualified To Do Business in Florida
8/30/1999

5. FEI Number
592497690 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
MARC H. FELDMAN

Street Address (B.O. Box Number is Not Acceptable)
3908 26th St. W.

Suite, Apt. #, Etc.

City State Zip Code
Bradenton FL 34205

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Date **11/17/09**

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
Pres	Fred Flis	6108 26th St. W	Bradenton FL 34207
VP	MARYANNE BLACKBURN	6608 Case Ave	Bradenton FL 34207

500163098205
11/25/09--01004--004 **300.00

10. E-mail Address: **selectgrouphomes@verizon.net**
(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., 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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11/25/09