

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02-JAN 22 PM 5:04

DOCUMENT # P98000093586

1. Corporation Name

Maggie's Retirement Home South, Inc.

2. Principal Office Address

7930 SW 11th Street

Suite, Apt. #, etc.

City & State

Miami F

Zip

33144-4314

Country

USA

3. Mailing Office Address

7930 SW 11th Street

Suite, Apt. #, etc.

City & State

Miami Fl

Zip

33144-4314

Country

USA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
000004911630--4
-02/12/02--01049--017
***1200.00 ***1200.00
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-02/12/02--01049--018
*****8.75 *****8.75

REINSTATEMENT 99-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/04/1998

5. FEI Number

☒ 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

SARLABOUS, MAGALI

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

7930 SW 11th Street

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33144-4314

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

Magali Sarlabous
REGISTERED AGENT MUST SIGN

Date Jan 16, 2002

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
PDS	SARLABOUS, MAGALI	7930 SW 11th Street	Miami Fl 33144-4314

10. 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:

Magali Sarlabous
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-16-2002

Date

Daytime Phone #

CR2E081 (9/01)