

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 10 PM 3:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000103095

1. Corporation Name

HADDEN GROUP HOME, INC.

Principal Place of Business

Mailing Address

204 ESSEX DR  
FT PIERCE FL 34946

204 ESSEX DR  
FT PIERCE FL 34946



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1316 23RD PLACE S.W.

Vero Beach Florida

34946

Indian River

4. Date Incorporated or Qualified  
To Do Business in Florida

11/29/1999

5. FEI Number

65-0602725

Applied For

Not Applicable

6.

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	HADDEN, MARLENE H	204 ESSEX DR	FT PIERCE FL 34946

900023700719  
10/10/03--01022--005 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FISHER, JOSEPH R  
49 KINDRED ST  
STUART FL 34994

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Marlene Hadden*

REGISTERED AGENT MUST SIGN

Date 10/9/03

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 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:

*Marlene Hadden*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-9-03 (772)468-0316  
Date Daytime Phone #

CR2ED040 (7/03)

10/7/03

TO Whom It May Concern,

My name is Marlene Hadden. I am writing to certify that my address is 1316 23rd Place S.W.

Vero Beach, Florida 32960. I did not receive at any time the DIVISION OF CORPORATIONS ANNUAL REPORT. I apologize for any inconvenience this has called. This new mailing address is a permanent one.

Respectfully Submitted,  
Marlene Hadden