

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **S69775**

1. Corporation Name

SERENITY BY THE SEA, INC.

Principal Place of Business

20533 BISCAYNE BLVD.
SUITE 4 - #408
AVENTURA FL 33180

Mailing Address

20533 BISCAYNE BLVD.
SUITE 4 - #408
AVENTURA FL 33180

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

4. Date Incorporated or Qualified
To Do Business in Florida

07/26/1991

5. FEI Number

65-0279414

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
D	CHESS, MAX	20533 BISCAYNE BLVD #408	AVENTURA FL 33180

900024249859
10/23/03--01035--018 **150.00

8. Name and Address of Current Registered Agent

CHESS, MAX
20533 BISCAYNE BLVD.
SUITE 4 - #408
AVENTURA FL 33180

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date

10-26-03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAX CHESS - DIRECTOR

Date

10-26-03

Daytime Phone #

305-331-5067

CR2E040 (7/03)



Serenity

BY - THE - SEA
Recovery Residence
Est., 1991
Office (305) 331-5067

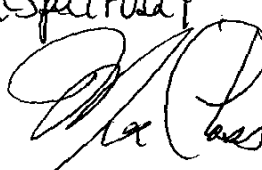
OCTOBER 26, 2003

To WHOM IT MAY CONCERN;

I WRITE THIS LETTER IN THE HOPE YOU WILL NOT REWAKE ME. I DID NOT RECEIVE THE ANNUAL REPORT FORM FOR 2003. THIS IS THE FIRST TIME I'M LATE AND HOPE YOU WILL TAKE THAT INTO CONSIDERATION.

IF WHAT I SUBMIT IS SUFFICIENT, I THANK YOU VERY MUCH FOR YOUR PATIENCE AND UNDERSTANDING AND ASSURE YOU IT WILL NOT HAPPEN AGAIN. OTHERWISE, I WILL NEED YOUR HELP AND GUIDANCE. THANKS AGAIN,

P.S. - I WAS ADVISED THAT SUCH CONSIDERATIONS MIGHT TAKE PLACE IF THE FORMS WERE NOT RECEIVED.

Respectfully

MAX CHES