

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F02000003796

1. Corporation Name

Caring Hands I, Inc.

2. Principal Office Address

5270 Golden Gate Pkwy

Suite, Apt. #, etc.

111

City & State

Naples, FL

Zip

34116

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

CR2E081 (8/05)

04-05

4. Date Incorporated or Qualified
To Do Business in Florida

7/24/2002

5. FEI Number

30-0182970

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

Velma Jean Belizaire

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

2361 18th Ave N.E.

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34120

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

V. Jean Belizaire BS, RN

REGISTERED AGENT MUST SIGN

Date

10/07/05

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
C.E.O	Arnel Belizaire	2361 18 th Ave N.E.	Naples, FL. 34120
President C.O.O	Velma Jean Belizaire	2361 18 th Ave N.E.	Naples, FL. 34120
C.F.O	Gilbert Powell Jr.	2361 18 th Ave N.E.	Naples, FL. 34120

800060832348
10/20/05--01058--017 **300.00

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:

V. Jean Belizaire BS, RN. 10/07/05 (339) 3538704

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

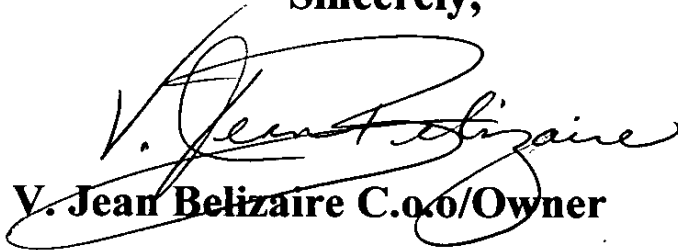
Date

Daytime Phone #

**Caring Hands I, Inc.
5270 Golden Gate Pkwy Ste.111
Naples, FL. 34116**

We (The Business) has moved to 5270 Golden Gate Pkwy Ste.111 Naples, FL. 34116. Our home address remains 2361 18th Ave N.E. Naples, FL. 34120. For the years 2004 and 2005 I have not received a reminder notification for payment of Incorporation. We apologize for this. Inclosed please find \$300 for the two years. Please renew A.S.A.P. Thank you.

Sincerely,


V. Jean Belizaire C.O.O/Owner