PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 OCT 20 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000003796

1. Corporation Name

Caring Hands I, Inc.

REINSTATEMENT CR2E081 (8/05) 04-05

2. Principal Office Address	3. Mailing Office Address
5270 Golden Gate PKWY	Same
Suite, Apt. #, etc.: 111	Suite, Apt. #, etc.
City & State: Naples, FL.	City & State
Zip: 34116 Country: USA	Zip Country

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 Date: 10/07/05
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
C.E.O	Arnel Belizaire	2361 18th Ave N.E.	Naples, FL. 34120
President C.O.O	Velma Jean Belizaire	2361 18th Ave N.E.	Naples, FL. 34120
C.F.O	Gilbert Powell Jr.	2361 18th Ave N.E.	Naples, FL. 34120
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	JM 10/25		

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.R.N. 10/07/05 (239)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