2005 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT								05	F//	, _
DOCUMENT # F0400005827 1. Entity Name CARING COMPANIONS, INC.					OS OF TALLATIASSE				16	ED
-								1455 ₇	<u>``</u>	15.41
Principal Place of Business 4432 EWELL ROAD LAKELAND, FL 33811			Mailing Address 529 COURT ST. SUITE 501 READING, PA 19601		1 1 1 1 1 1 1 1 1 1					
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			12082005	REIN-P	CR2E098 (6	(04)	
City & State			City & State			4. FEI Number 56-23449	988		Applie Not Ap	ed For pplicable
Zip	Zip Country		Zip	Country		5. Certificate of	Status Desired	□ \$8.75 Fee Re	Additio	nal
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
AYALA, DA		·								
4432 EWELL ROAD LAKELAND, FL 33811					Street Address (P.O. Box Number is Not Acceptable)					
					City Zip Code					
8. The above	named entity	y submits this statement f	or the purpose of changing its		ffice or registered agent, or both, in the State of Florida. I am familiar with, and accept					
the obligations of registered agent.										
SIGNATURE Signature, typed or printed name of respected agent and title if applicable. (NOTE: Replipered Agent signature required when reinstating) DATE										
		EE IS \$750.00 06, Fee will be \$900.	00							
10.	r	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CH	HANGES TO OFFI	CERS AND DIREC	TORS IN	J 11
TITLE NAME	P ☐ Delete Tittu PIPER, LINDA									
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STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -SI-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.										
SIGNATURE: 12-13-05 (10-379-652) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR CIRECTOR Date Daylore Phone #										