

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 # **N00000005593**

1. Corporation Name

CARE HOUSING AUTHORITY, INC.

Principal Place of Business

Mailing Address

6767 WICKHAM ROAD STE 400
MELBOURNE FL 32940

6767 WICKHAM ROAD STE 400
MELBOURNE FL 32940

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

FILED
04 JUN 30 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT *03-24*

4. Date Incorporated or Qualified
To Do Business in Florida

08/24/2000

5. FEI Number

31-1810071

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	CULPEPPER, THOMAS	2010 LAKESIDE AVE	MELBOURNE FL 32904
VD	BESWICK, TYSON	1220 SIMARRON CIRCLE	PALM BAY FL
S	HESS, REBECCA	6767 WICKHAM ROAD STE 400	MELBOURNE FL 32940
D	KELLY, REBECCA C	123 BONAIRE DRIVE	PANAMA CITY BEACH FL 32413
S	LAURELLI, SHARON	119 WEST SUWANNEE LANE	MELBOURNE FL 32931
400029300364 06/30/04--01042--001 ***61.25			

8. Name and Address of Current Registered Agent

CULPEPPER, THOMAS
6767 WICKHAM ROAD STE 400
MELBOURNE FL 32940

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

400029300364

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FL

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

2/20/04

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 REQUIRED
Tyson S. Beswick, Vice-Pres. **4/20/04** **321-751-4103**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #