

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000000979

1. Corporation Name

The Caring House Project, Inc.

2. Principal Office Address

1177 George Bush Blvd

3. Mailing Office Address

1177 George Bush Blvd

Suite, Apt. #, etc.

202

Suite, Apt. #, etc.

202

City & State

Delray Beach, FL

City & State

Delray Beach, FL

Zip

33483

Country

USA

Zip

33483

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/8/2002

5. ESI Number

71-0865799

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

Scott A. Elk, Esquire

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

4800 N Federal Highway

Suite, Apt. #, Etc.

200E

City

Boca Raton

State

FL

Zip Code

33431

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

REGISTERED AGENT MUST SIGN

Date

1/19/06

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
D	Frank E McKinney, III	1177 George Bush Blvd, Suite 202	Delray Beach, FL 33483
D	Nilsa C McKinney	1177 George Bush Blvd, Suite 202	Delray Beach, FL 33483
D	Robert W McKinney	10902 Three Hundred Yard Drive	Fishers, IN 46038

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 contained in Chapter 119, 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

Nilsa C McKinney

1/19/06

Date

561-274-6490

Daytime Phone #

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The Caring House Project, Inc.

January 19, 2006

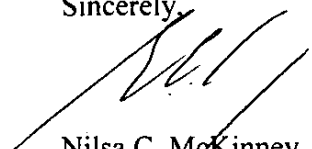
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Reinstatement of The Caring House Project, Inc. Document No. N02000000979

To Whom It May Concern:

Attached is our request for Corporation Reinstatement for the above-named corporation and Document No. Also enclosed is our check in the amount of \$253.75, which represents \$61.25 for each of the years of 2003, 2004, 2005, 2006 and \$8.75 for a Certificate of Status. Please waive the late fee as we did not receive the annual report notices.

Sincerely,



Nilsa C. McKinney
Director, The Caring House Project, Inc.

NCM/lt
enc.

1177 George Bush Boulevard, Suite 202
Delray Beach, FL 33483