

182
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 28 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO2000003623

1. Corporation Name

Caring And Partnership, Inc

2. Principal Office Address 1915
NW 59th Way

Suite, Apt. #, etc.
S-2,

City & State
Lauderhill, Fla.

Zip Country
33319 Broward

3. Mailing Office Address P.O. Box
190635

Suite, Apt. #, etc.

City & State Lauderdale
Florida, 33319

Zip Country
33319 Broward

REINSTATEMENT 03-05

MRS

4. Date Incorporated or Qualified To Do Business in Florida 5-8-02

5. FEI Number
43-2065323

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
Antoinette Thomas

Street Address (P.O. Box Number is Not Acceptable) 1915 NW 59th Way Ste 2,
Lauderhill, Florida 33319

Suite, Apt. #, Etc.

City
Lauderhill

100047923791
03/08/05--01016--001 **192 50
State Zip Code
FL 33319

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

Antoinette Thomas
REGISTERED AGENT MUST SIGN

Date 2-22-05

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
Pres.	Antoinette Thomas	P.O. Box 190635	Lauderhill, Fla. 33319
V. Pres.	Raxton Thomas	P.O. Box 190635	Lauderhill, Fla. 33319
Treas	Michael Simpson	1840 Fern Rd. Apt. 3	Fort Lauderdale, Fla. 33319
Secretary	Marguerita Gayle	6048 S.W. 37th Street	Miramar, Florida 33023

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:

Antoinette Thomas
Antoinette Thomas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/05
Date

954-288-8563
Daytime Phone #

CR2E051 (01/05)

202

February 23, 2005

Attn; Reinstatement Department
Re: Caring And Partnership, Inc.

Caring And Partnership, Inc. is requesting reinstatement. Our corporation failed to receive the first and second notices in 2003. Caring And Partnership, Inc. also request that the 175.00 penalty fee be waived.

Enclosed is a check for the amount of 192.50. The fee of 8.75 is also enclosed for a certificate of status.

Sincerely,

Antoinette Thomas

Antoinette Thomas
President

Note: During the year 2002 CAP received a donation of \$20.00. During 2003 there was no receiving of donations. During 2004 ~~and~~ donation of 193.00 was was received. ☎ May contact me at 954-288-8563 if needed. Thanks!