

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

11/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000003623

1. Corporation Name

CARING AND PARTNERSHIP, INC.

2. Principal Office Address - No P.O. Box #

1915 NW 59TH WAY

3. Mailing Office Address

PO BOX 190635

Suite, Apt. #, etc.

SUITE 2

Suite, Apt. #, etc.

City & State

LAUDERHILL, FL

City & State

LAUDERHILL, FL

Zip

33319

Country

US

Zip

33319

Country

US

7. Name and Address of Current Registered Agent

ANTIONETTE THOMAS

1915 NW 59TH WAY

Suite, Apt. #, etc.

SUITE 2

City

LAUDERHILL

State

FL

Zip Code

33319

4. Date Incorporated or Qualified
To Do Business in Florida

05/08/2002

5. FEI Number

43-2065323

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Antionette Thomas
REGISTERED AGENT MUST SIGN

Date 11-20-07

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
P	ANTIONETTE THOMAS	PO BOX 190635	LAUDERHILL, FL 33319
VP	RAXTON THOMAS	PO BOX 190635	LAUDERHILL, FL 33319

500112576935
11/26/07--01045--020 **122.50

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:

Antionette Thomas PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/2007

Date

954-297-8593

Daytime Phone #

11/29