## 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N02000003623

FILED Oct 01, 2008 Secretary of State

DOCOM	/IENT# N02000003623		Secretary of State	
Entity Na	me: CARING AND PARTNERSHIP, IN	C.		
Current P	rincipal Place of Business:	New Principal Place	New Principal Place of Business:	
	59TH WAY, SUITE 2 IILL, FL 33319			
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
PO BOX 1 LAUDERH	90635 IILL, FL 33319			
In accordan	: 43-2065323 FEI Number Applied For ( ce with s. 607.193(2)(b), F.S., the corporation I Address of Current Registered Age	did not receive the prior notice.	Certificate of Status Desired ( ) of New Registered Agent:	
1915 NW 3	ANTIONETTE 59TH WAY, SUITE 2 IILL, FL 33319 US			
	named entity submits this statement for e of Florida.	r the purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE: ANTIONETTE THOMAS			
	Electronic Signature of Registere	ed Agent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( ) Delete THOMAS, ANTOINETTE PO BOX 190635 LAUDERHILL, FL 33319	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP ( ) Delete THOMAS, RAXTON PO BOX 190635 LAUDERHILL. FL 33319	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAXTON THOMAS VP 10/01/2008