

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03000010092

1. Corporation Name

Compassionate Care Services Inc.

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

9207 SW 150 Ave

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33196

Country

US

3. Mailing Office Address

9207 SW 150 Ave

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33196

Country

US

7. Name and Address of Current Registered Agent

Name

RLB Financial Services Inc.

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

16115 SW 117 Ave

Suite, Apt. #, Etc.

Suite A14

City

Miami

State

FL

Zip Code

33177

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 2/5/10

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	Richard Riggs	9207 SW 150TH Ave	Miami, FL 33196
D	Olga Charles	9207 SW 150TH Ave	Miami, FL 33196
D	Anthony George Pierre	12900 SW 119TH St	Miami, FL 33186

10. E-mail Address: rib_fal@man.com

(To be used for future annual report notification)

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 807 or 817, 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 807.0401 or 817.0401, F.S., that all fees owed by the corporation have been paid. I further certify, 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

Date

Daytime Phone #

FILED

10 MAR -8 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA000168547050
02/11/10--01032--001 **603.75REINSTATEMENT 04-10
CR2E061 (11/09)4. Date Incorporated or Qualified
To Do Business in Florida 11/19/20035. FEI Number
300240659Applied For
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐ \$6.75 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.

203/10

RICHARD RIGGS 2/5/10 786-554-9025