

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000003047

FILED
Aug 20, 2007
Secretary of State

Entity Name: CARE PLUS ABODE INCORPORATED

Current Principal Place of Business:

906 S.W. ST. LUCIE WEST BLVD.
139
PORT ST. LUCIE, FL 34986 US

New Principal Place of Business:

Current Mailing Address:

906 S.W. ST. LUCIE WEST BLVD.
139
PORT ST. LUCIE, FL 34986 US

New Mailing Address:

321 SW 99 AVENUE
PEMBROKE PINES, FL 33025 US

FEI Number: 68-0604096 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GRIFFITH, FRANCIS
2331 WEST LAKE MIRAMAR CIRCLE
MIRAMAR, FL 33025 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: FRANCIS GRIFFITH

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GRIFFITH, FRANCIS
Address: 2331WEST LAKE MIRAMAR CIRCLE
City-St-Zip: MIRAMAR, FL 33025 US

Title: TREA () Delete
Name: GRIFFITH, KIM
Address: 2331 WEST LAKE MIRAMAR CIRCLE
City-St-Zip: MIRAMAR, FL 33025 US

Title: SECR () Delete
Name: GRIFFITH, ETHA
Address: 2331 WEST LAKE MIRAMAR CIRCLE
City-St-Zip: MIRAMAR, FL 33025 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FRANCIS GRIFFITH

P

08/20/2007

Electronic Signature of Signing Officer or Director

Date