

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000009160

FILED  
Nov 11, 2009  
Secretary of State

Entity Name: CARE ONE BIT INC.

## Current Principal Place of Business:

5818 FOX HOLLOW DRIVE  
UNIT B  
BOCA RATON, FL 33486

## New Principal Place of Business:

## Current Mailing Address:

5818 FOX HOLLOW DRIVE  
UNIT B  
BOCA RATON, FL 33486

## New Mailing Address:

FEI Number: FEI Number Applied For (X) 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:

## Name and Address of New Registered Agent:

JEAN FRANCOIS, DONALD  
5818 FOX HOLLOW DRIVE  
UNIT B  
BOCA RATON, FL 33486 US

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: DONALD JEAN FRANCOIS

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: JEAN FRANCOIS, DONALD SR  
Address: 5818 FOX HOLLOW DR UNIT B  
City-St-Zip: BOCA RATON, FL 33486

Title: D ( ) Delete  
Name: RIVIERE, YVON  
Address: 2518 ARCADIA DR  
City-St-Zip: MIRAMAR, FL 33023

Title: D ( ) Delete  
Name: ALEXIS, MATHLEEN  
Address: 3548 NW 38TH TERRACE  
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: D ( ) Delete  
Name: DIVOT, TULIA  
Address: 12350 NW 27TH PLACE  
City-St-Zip: CORAL SPINGS, FL 33065

## 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:

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: DONALD JEAN FRANCOIS

P

11/11/2009

Electronic Signature of Signing Officer or Director

Date