

2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000011541

FILED
Nov 02, 2010
Secretary of State

Entity Name: SHARING IS CARING INC.

Current Principal Place of Business:

191 N. HIBISCUS DR
MIAMI BEACH, FL 33139

New Principal Place of Business:

191 N. HIBISCUS DR.
MIAMI BEACH, FL 33139

Current Mailing Address:

191 N. HIBISCUS DR
MIAMI BEACH, FL 33139

New Mailing Address:

2419 N MERIDIAN AVE.
MIAMI BEACH, FL 33140

FEI Number: 26-3930525

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWIMMER, AARON
1680 MICHIGAN AVE
STE 1014
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

MAASS, NATHALIE
2419 N. MERIDIAN AVE.
MIAMI BEACH, FL 33140 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: NATHALIE MAASS

11/02/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEOC
Name: MAASS, NATHALIE
Address: 2419 N. MERIDIAN AVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: CMO
Name: MAASS, NATHALIE
Address: 2419 N. MERIDIAN AVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: CFOT
Name: MARDEN, JONATHAN
Address: 191 HIBISCUS DR.
City-St-Zip: MIAMI BEACH, FL 33139

Title: COOS
Name: VILLANUEVA, SOFIA
Address: 1333 15TH STREET, APT # 2
City-St-Zip: MIAMI BEACH, FL 33139

Title: VC
Name: VILLANUEVA, SOFIA
Address: 1333 15TH STREET, APT # 2
City-St-Zip: MIAMI BEACH, FL 33139

I hereby 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 all other like empowered.

SIGNATURE: NATHALIE MAASS

CEOC

11/02/2010

Electronic Signature of Signing Officer or Director

Date