PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 FEB 24 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E081 (11/10)

DOCUMENT # NO 900000 03191

1. Corporation Name

We CARE IN THE VILLAGE, INC

2. Principal Office Address - No P O. Box #	3. Mailing Office Address
19146 Lyons Road	4045 Newcastle Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Boca Raton	4045 Bldg C.
City & State	City & State
Fl 33434	Boca Raton Florida
Zip / Country	Zip / Country
33434 / Palm Beach	33434 / Palm Beach

4. Date Incorporated or Qualified To Do Business in Florida: 1-26-09

5. FEI Number: 59-2285876 — ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED: yes — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Jeannette Richman
Street Address (P.O. Box Number is Not Acceptable): 4045 Newcastle DR Bldg C
Suite, Apt. #, Etc.:
City: Boca Raton — State: FL — Zip Code: 33434

REINSTATEMENT
13-17

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Jeannette Richman — Date: 2-19-14
REGISTERED AGENT MUST SIGN

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
Director Pres	Alice TANNey	95 Preston C.	Boca Raton, Fl 33434
Director Vice Pres	Jeannette Richman	4045 Newcastle C	Boca Raton, Fl 33434
Secretary	Edythe HIRSch	2077 Cornwall D	Boca Raton Fl 33434
Dir Treas	Jeannette Richman	4045 Newcastle C	Boca Raton Fl 33434

FEB 24 2014

10. E-mail Address: RICJNNT49@AOL (To be used for future annual report notification) — M. WILLIAMS

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 607 or 617, 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 607.0401 or 617.0401, F.S., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Jeannette Richman — 2/19/14 — 561 477 5171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #