

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**
FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS
DOCUMENT # N10000010670

1. Corporation Name

TCB CARING HANDS, INC

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

14391 Spring Hill Drive

Suite, Apt. #, etc.

#428

City & State

Spring Hill

Zip

34609

Country

USA

3. Mailing Office Address

14391 Spring Hill Drive

Suite, Apt. #, etc.

#428

City & State

Spring Hill

Zip

34609

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

11/10/2010

5. FEI Number

451875404

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

Brenda L. Doster

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

14391 Spring Hill Drive

Suite, Apt. #, Etc.

#428

City

Spring Hill

State

FL

Zip Code

34609**REINSTATEMENT**

JAN 02 2014

R. HUNT

600255166616
01/02/14--01012--001 **306.25

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*Brenda L. Doster*

REGISTERED AGENT MUST SIGN

Date **12-30-2013**

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
P	TERRENCE KELLER	504 SHERWOOD DRIVE	GRAYSON, KY. 41143
V	Mark Caudill	884 Tabor Street	Elizabeth, CO. 80107
T	Tina Silva	3111 Parker Lane #124	Austin, TX. 78741
S	Brenda L. Doster	14391 Spring Hill Drive #428	Spring Hill, FL. 34609
CPA	Veronica Strickland	146 Chasewood Drive	Jackson, MS. 39212
D	Sheila Morris	108 Wescoe Court	Mooresville, NC. 28117

10. E-mail Address: **brenda@tcbcaringhands.org**

(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 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:

Brenda L. Doster / Brenda L. Doster

12/30/2013

352-556-8175


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name			
2. Principal Office Address - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State Zip Country		City & State Zip Country	
7. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code		4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	
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 _____ Date _____ <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>			
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	Donna Legore	20412 E. Watson Ln.	Otis Orchards, WA 99027
10. E-mail Address: _____ <div style="text-align: center; font-size: small;">(To be used for future annual report notification)</div>			
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: _____ <div style="display: flex; justify-content: space-between; font-size: x-small;"> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # </div>			