PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

P 1 32

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN 10 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N37389

REINSTATEMENT 03-04

1. Corporation Name
Tender Loving Care Life Saving Center

2. Principal Office Address
1205 1215 NW 79 St
Suite, Apt. #, etc.
Miami FL
City & State
33147 Dade
Zip | Country

3. Mailing Office Address
16982 N Miami Ave
Suite, Apt. #, etc.
N Miami Beach
City & State
33169 Dade
Zip | Country

4. Date Incorporated or Qualified To Do Business In Florida
TR

5. FEI Number
650188482
Applied For | Not Applicable

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

7. Name and Address of Current Registered Agent

Name
Almada L Musgrove
500038024155 06/17/04--01004--001 **61.25

Street Address (P.O. Box Number is Not Acceptable)
~~N Miami~~ 16982 N Miami Ave
500038024155 06/17/04--01004--002 **61.25

Suite, Apt. #, Etc.
N Miami Beach
500038024155 06/17/04--01004--003 **8.75

City
Miami Dade
State: FL
Zip Code: 33169

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 Almada Musgrove
REGISTERED AGENT MUST SIGN
Date

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
V/P	Artglee J Musgrove	16982 N Miami Ave	N Miami Beach FL 33169
D/M	Lydia ~~Alumen~~ NEW Man	1146 N.W. 104 St	Miami FL 33169
C/T/S	Delpha Haley	2808 Canal Rd	Miramar FL 33025
C/D	Almada Musgrove	16982 N Miam Ave	N Miami Beach FL 33169

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Almada Musgrove 6, 4, 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

B 2-8 2

TENDER LOVING CARE LIFE SAVING CENTER ,INC

PRINCIPAL ADDRESS.
1205 15 NW 79 ST
MIAMI FL 33147

June 5, 2004

Mailing address
16982 N Miami AV,
North Miami Beach Fla.33169

Dear Sir /Madam,

As we did not receive the Annual Reports Forms For The Years 2003 and 2004, we were unable to file our annual reports . Therefore ,we are requesting That the imposed $175.00 fee be waived.

Please find enclosed 2 checks, each in the am aunt of $ 61.25 for the years 2003 and 2004 ,thank you Kindly for understanding.
AL Co $8.75 For Certificate of Status

Signature Almada Musgrove