

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N37389

1. Entity Name
TENDER LOVING CARE LIFE SAVING CENTER, INC.



06 MAR 10 PM 12:04

Principal Place of Business
1205 1215 NW 79TH STREET
MIAMI, FL 33147

Mailing Address
16982 N MIAMI AVE
N MIAMI BEACH, FL 33169

SECRETARY OF STATE
REINSTATEMENT 05-06

2. Principal Place of Business

3. Mailing Address

6025 SW 39th

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Milamar Fl

City & State

City & State

Zip

Country

Zip

Country

33023

03092006 REIN-NP CR2E099 (11/05)

4. FEI Number
65-0188482

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUSGROVE, ALMADA L
16982 N MIAMI AVE
N MIAMI BEACH, FL 33169

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
MUSGROVE, ALMADA
16982 N MIAMI AVE
N MIAMI BEACH, FL 33169 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
700068107777
03/20/06--01022--007 **131.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CTS
HALEY, DELPHA
2808 CANAL RD
MIRAMAR, FL 33025 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MUSGROVE, ARTGLEE J
16982 N MIAMI AVE
N MIAMI BEACH, FL 33169 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DM
NEWMAN, LYDIA
1146 N.W. 104 ST.
MIAMI, FL 33169 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DM
Jacqueline Watkins
2808 Canal Rd
MIRAMAR FL 33025 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #