

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 22 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000036289

1. Corporation Name

ELZAIDA'S CARING HANDS, INC.

Principal Place of Business

1617 MADRID DR.
LARGO FL 33778

Mailing Address

1617 MADRID DR.
LARGO FL 33778

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/05/2000

5. FEI Number

59-3641208

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED. ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SINGH, CARMEN	1617 MADRID DR.	LARGO FL 33778

8000008635658

10/28/02--01114--011 **150.00

8. Name and Address of Current Registered Agent

SINGH, CARMEN
1617 MADRID DR.
LARGO FL 33778

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/25/02

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., 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CARMEN SINGH

Date

10/25/02

Daytime Phone #

(21) 442-7247

CR2E040 (8/02)

ELZAIDA'S CARING HANDS, INC.

November 19, 2002

Florida Department of State

Dear Sir or Madam:

November 19, 2002

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Fl. 32302-1500

Dear Department of State,

"Second Response"

We wrote before asking an abatement. To clarify we do not have record to receipt of the two prior uniform business report notices. We received this one and responded as soon as we could. Please accept the apology and reinstatement our corporation. The \$600 would be very difficult given the current economic environment. We promise to follow the law in the future. Please reinstate our corporation.

Thanks

"First response"

Help. I have no recourse other than to "attempt with full honesty and earnest effort to correct the situation". I am asking for an abatement of traditional penalties and interest in this extreme case. I have been incorporated since 4/5/00 and have to the best of my ability complied with the Florida and Federal filing requirements. I have successfully filed payroll tax reports, corporate tax returns and annual reports since the inception of my business. I have without fail tried to my best ability to comply with all rules and regulations.

Our business is a small family business in which we all try earnestly to comply with filing requirements. We attempt to file all county, state and federal filing requirements. It came to our attention with the first receipt of this NOTICE OF ADMINISTRATIVE DISSOLUTION ON 10/18/02 that we had not filed or paid our annual dues. We immediately search the internet and called the state to try and correct the situation. Somehow we made a mistake or did not receive the initial annual corporate report. We are enclosing a check for \$150.00. Please accept this annual corporate report and the payment. We promise to file timely in the future. We understand the filing requirements now and promise to comply with them in the future.

November 19, 2002

Thank you for your understanding,

Elzaida's Caring Hands, Inc.

ELZAIDA'S CARING HANDS, INC.

October 24, 2002

Florida Department of State

Dear Sir or Madam:

October 24, 2002

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Department of State,

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