

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 FEB 19 AM 7:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500088906475  
02/21/07--01028--029 \*\*900.00

12-29-06 01028 005 \$150.00  
REINSTATEMENT 05/07

DOCUMENT # P00000068913

1. Corporation Name

BE RIGHT BY CARING, INC

2. Principal Office Address

6050 JIM DAVIS RD

Suite, Apt. #, etc.

City & State

PARRISH, FL

Zip

34219

Country

USA

3. Mailing Office Address

6050 JIM DAVIS RD

Suite, Apt. #, etc.

City & State

PARRISH FL

Zip

34219

Country

USA

4. Date incorporated or Qualified  
To Do Business in Florida

07/19/2000

5. FEI Number

59-3656870

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

BERT R REITSMA

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

6050 JIM DAVIS RD

Suite, Apt. #, Etc.

City

PARRISH

State

FL

Zip Code

34219

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

Bert R. Reitsma

Date 14 FEB 07

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
P/T	BERT R. REITSMA	6050 JIM DAVIS RD	PARRISH FL 34219
V/S	KAREN J. REITSMA	6050 JIM DAVIS RD	PARRISH FL 34219

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 contained in Chapter 119, 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:

BERT R. REITSMA Bert R. Reitsma

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/14/07 941-228-9134

Daytime Phone #

B. Mitchell FEB 19 2007