

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000111418

1. Corporation Name

PASSIONATE HOME CARE INC.

Principal Place of Business

4801 NW 17TH CT
LAUDERHILL FL 33313

Mailing Address

4801 NW 17TH CT
LAUDERHILL FL 33313

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.
Same

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
Same

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/04/2000

5. FEI Number

65-1093992

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
PD	CARTER, KATIJA M	4801 NW 17TH CT	LAUDERHILL FL 33313
SD	CRUZ, ROSA	4801 NW 17TH CT	LAUDERHILL FL 33313
D	MOHAMMED, ANTHONY	4801 NW 17TH CT	LAUDERHILL FL 33313
			01 UBR TS

8. Name and Address of Current Registered Agent

CARTER, KATIJA M
4801 NW 17TH CT
LAUDERHILL FL 33313

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.

Signature of
Registered Agent

Katija M. Carter

Date

10-27-01

REGISTERED AGENT MUST SIGN

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:

Katija M. Carter KATIJA M CARTER

Date

Daytime Phone #

954-270-6633

Passionate Home Care ^{Page 2 of 2}

4801 NW 17th Ct

Lauderhill FL 33313.

10-26-01.

Division of Corporation.
Secretary of State.

Sir / Madam.

This letter is to state that I did pay my dues for the reinstatement of the above Corporation, Passionate Home Care. Unfortunately I forgot to put my signature on the form that they had sent me. I did not receive the form that they had send back to me. I am now sending in my signature with the form.

Thank you for your kind consideration in this matter.

Respectfully

KATISA M CARTER.

Katija M Carter,
President/Director.