

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 28 AM 10:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P01000037230**

1. Corporation Name

CARE FACILITY SERVICES INC.

Principal Place of Business

Mailing Address

8606 W. FRANKLIN ROAD
PLANT CITY FL 33565

8606 W. FRANKLIN ROAD
PLANT CITY FL 33565

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

5319 CEDARWOOD MANOR DRIVE

Suite, Apt. #, etc.

PO Box 1281

City & State

PLANT CITY FL

City & State

THONOTOSASSA, FL

Zip

33565

Country

USA

Zip

33592

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/12/2001

5. FEI Number

59-3714500

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	SHAH, TED	5319 CEDARWOOD MANOR DRIVE	PLANT CITY, FL 33565

8. Name and Address of Current Registered Agent

SHAH, NATALIE
8606 WEST FRANKLIN ROAD
PLANT CITY FL 33565

9. Name and Address of New Registered Agent

Name

TED SHAH

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

5319 CEDARWOOD MANOR DRIVE

Suite, Apt. #, Etc.

City

PLANT CITY

State

FL

Zip Code

33565

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

Date

10-13-03

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-13-03

Daytime Phone #

813 982-1354

CR2E040 (7/03)