PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 NOV 19 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000092742

1. Corporation Name
We Care for You, Inc

2. Principal Office Address	3. Mailing Office Address
5715 N. Andrews Way	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ftlauderdale Fl	City & State
Zip: 33309 Country: USA	Zip Country

REINSTATEMENT 02-03

4. Date Incorporated or Qualified To Do Business in Florida: 9-15-01

5. FEI Number: 65-1141394 ☐ 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: Clyde Cole

Street Address (P.O. Box Number is Not Acceptable): 6425 NW 55 Street

Suite, Apt. #, Etc.:

City: Coral Springs State: FL Zip Code: 33067

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: [signature] Date: 11/19/03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
Pres	Shelia Cole	6425 NW 55 St Coral Springs, Fl 33067	Coral Springs Fl 33067
VP	Sally Bondi	3779 SW 51 st street	Ftlauderdale Fl 33312
Treasure	Clyde Cole	6425 NW 55 st	Coral Springs, Fl 33067
Sec	Kelly Reeves	3779 SW 51 st Street	Ft lauderdale Fl 33312
			300024857193
			11/19

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 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: Linda L. Cole 11/19/03 954-825-0155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

850-245-6017

11/19/03 Spoke w/ Sheila Cole and confirmed * e-file account was set up in error. The fee is to reinstate the corporation only. Once filed w/ $300.00 the account will be closed I2003000013?

TO: Ruby

PO 100009274?

We Care for you INC

Sheila

Faxing Request form

2 pages - Note this check was cashed on 11-13.

This to reinactivate our Corp.

My # is 954-825-0155

or Cell 954 242-9602

Thank you

Kelly Reeves