

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 DEC 26 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/28/06--01033--012 **300 00

CR2E081 (12/05)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000015265

1. Corporation Name

Craig's Homemaker Companion Sitter
AGENCY, INC

2. Principal Office Address

13602
13602 Botany Bay CT

Suite, Apt. #, etc.

City & State

Riverview FL

Zip

33569

Country

Hillsborough

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

Feb 2003

5. FEI Number

01-0627186

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

Michelle Craig

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

13602 Botany Bay CT

Suite, Apt. #, Etc.

City

Riverview

State

FL

Zip Code

33569

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

Michelle Craig

REGISTERED AGENT MUST SIGN

Date 10/13/06

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
CEO	Michelle Craig	13602 Botany Bay CT	Riverview FL 33569

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/2006 (813) 655-7005
Date Daytime Phone #