

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 27 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 02-000029620

1. Corporation Name

TENDER CARE NURSING SERVICES, INC

2. Principal Office Address

18800 N.W. 2 AVE

3. Mailing Office Address

111 S.W. 97th AVE

Suite, Apt. #, etc.

206

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

PEMBROKE PINES, FL

Zip

33169

Country

DADE

Zip

33025

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0929170

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

BEVERLY WALLACE

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

111 S.W. 97th AVE

Suite, Apt. #, Etc.

City

PEMBROKE PINES, FL 33

State

FL

Zip Code

33025

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

Beverly Wallace

REGISTERED AGENT MUST SIGN

Date

10/22/03

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

BEVERLY WALLACE

111 S.W. 97th AVE

PEMBROKE PINES, FL
33025

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:

Beverly Wallace

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/22/03

Daytime Phone #

CR2E081 (10/02)

21/10/30

Oct 22, 2003

Tender Care Nursing Services, Inc.
18800 N.W. 2ND Ave
Miami Fla 33169


Re: Reinstatement of corporation.

To whom it may concern.

I am asking that my corporation be reinstated bas on the fact that I did mail my renewal fee, early this year, but I did not know it was returned for incorrect fee. I was told By one of your officer to write this letter and send \$150.00. Hers is my money order in the amount of \$150.00.one hundred & fifty dollars

Thanks in advance for your kind cooperation in this matter. Should you have any questions, please do not hesitate to contact me at (954) 937-4005

Sincerely,


Beverly Wallace
Director