

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 NOV -4 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000110231**

1. Corporation Name

CARING HANDS MAKES THE DIFFERENCE, INC.

Principal Place of Business

Mailing Address

2801 AVENUE F
FT PIERCE FL 34947

2801 AVENUE F
FT PIERCE FL 34947

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/10/2002

5. FEI Number

56-2243966

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/P	HARPER, EDWIN T	2801 AVENUE F	FT PIERCE FL 34947

700024413127

11/04/03--01054--008 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HARPER, EDWIN T
2801 AVENUE F
FT PIERCE FL 34947

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edwin F Harper
President

Date

Daytime Phone #

(772) 216-5960

CR20040 (7/03)

Caring Hands Makes the Difference, Inc.
2801 Avenue F
Ft. Pierce, Fla. 34947

October 30, 2003

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

In regards to the Reinstatement Fee, I have not received the previous letters that were sent to this address. Unfortunately the mailbox has been torn down by children/teens on several occasions. I have contacted the Postmaster and was able to pickup some of the mail at the post office, but I did not receive mail regarding reinstatement of the corporation.

Enclosed is a check in the amount of \$150.00. Please accept this amount and reinstatement the corporation of **Caring Hands Makes the Difference, Inc.**

Thank you,



Edwin T. Harper

President