

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR -7 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000147458

1. Corporation Name

Carina's Home Care Inc

2. Principal Office Address - No P.O. Box #

230 N.E. 38 St

Suite, Apt. #, etc.

Apt. 3

City & State

Oakland Park Fla

Zip

33304

Country

Broward

3. Mailing Office Address

P.O. Box 1252

Suite, Apt. #, etc.

City & State

Ft. Lauderdale Fla

Zip

33302

Country

Broward

200147982172
03/30/09--01048--024 **160.00
CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

P03000147458

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

Pamela Wright Faison

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

230 N.E. 38 St Apt 3

Suite, Apt. #, Etc.

City

Oakland Park Fla

State

FL

Zip Code

33304

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Pamela Wright Faison

REGISTERED AGENT MUST SIGN

Date

3/25/09

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
O/D	Pamela W. Faison	230 N.E. 38 St Apt 3	Oakland Park Fla 33304
	Null		

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:

Pamela Wright Faison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-25-09 1954 566-7078

Daytime Phone #