## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	FLORIDA DEPART Secretary DIVISION OF CO			06 MAR 23	LED 3 Aii 10: 34
DOCUMENT # 70400030670				MLL AHASS	FE, FLORIDA
AVAILABLE AND CARING, INC 3848 GATLIN WOODS DIZIVE					
2. Principal Office Address 3848647NWW	3. Mailing Office Address Dr. Ve		GRZEB81 (12/05) 65 - 06		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		4. Date Incorporated or Qualified 72/16 Foil		
City & Grate City & Grate	City & State		5. FEI Number	00	Applied For
Zip 328/2 Country Orzania	Zip	Country	6. CERTIFICATE	OF STATUS DESIRED	Not Applicable \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent					
Name MANIA EROSABAI					
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  DEIVE					
Suite, Apt. #, Etc.					
City OZLAN-	00, FL	32812		State Zip Code	
8. 1, 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	REGISTERED AGENT MUS	T SIGN	<del> </del>	Date 03/1	7/06
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 Director		Street Address of Eacl Officer and/or Directo	h	City /	State / Zip
P MANIAFT	OSABAL :	3848GATO	N NOOH	DR. ORLA	W00 F23286
VP MANUELTER	OCRIGNEZ 3	848 GATUA	Moods	DR ORUS	NOO, FE32812
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	1		<b>4.</b> 0 04/05	1006954 26010370	01994 07 **150.00
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:	PRINTED NAME OF SIGNING OF		regiden	T 03/17/	06 407 283 696 3

## AVAILABLE AND CARING, INC. 3848 GATLIN WOODS DRIVE ORLANDO, FL 32812 PHONE 407-282-6962

DEPARTMENT OF STATE DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314

## **GENTLENMEN:**

SUBJECT: ADMINISTRATIVE DISSOLUTION FOR ANNUAL REPORT P04000030670, FEI NUMBER 01-0806591. NON-PAYMENT 2005. AVAILABLE AND CARING, INC. WE ARE FILING A CORPORATE REINSTATEMENT FORM SINCE OUR CORPORATION WAS ADMINISTRATIVELY RESOLVED DUE TO NON-PAYMENT OF THE ANNUAL REPORT FOR 2005 AND THE ANNUAL REPORT FOR 2006 CURRENTLY IS DUE AND PAYABLE IN MAY 1<sup>ST</sup> OF 2006.

SINCE WE DID NOT RECEIVED YOUR ANNUAL REPORT NOTICE, WE WERE NOT AWARE OF THIS DEADLINE. PLEASE, NOTICE OUR NEW ADDRESS. WE LEARNED ABOUT OUR ADMINISTRATIVE DISSOLUTION WHEN WE WERE LOOKING IN YOUR WEB PAGE FOR OUR BUSINESS NAME.

WE ARE REQUESTING THE ABATEMENT OF THE REINSTATEMENT PENALTY AND WE ARE ENCLOSING OUR CHECK FOR \$150.00 FOR CALENDAR YEAR THAT IS PAYABLE IN MAY 1<sup>ST</sup> 2005. ADDITIONALLY WE ARE ENCLOSING ANOTHER CHECK FOR \$150.00 TO PAY FOR CALENDAR YEAR 2006 THAT IS DUE ON OR BEFORE MAY 1, 2006.

WE SHALL APPRECIATE REINSTATEMEN OF OUR CORPORATION AS SOON AS POSSIBLE.

YOURS VERY TRULY,

PRESIDENT