

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000105125

1. Entity Name
CB TENDER CARE, INC.



FILED

08 DEC 30 PM 4: 10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 08

11/11/08 11:11 AM 11/11/08 11:11 AM

4. FEI Number
65-1229853

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURNETT, CLAUDETTE O
871 NE 207TH TERR., #102
N. MIAMI BCH, FL 33179

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Coburn* CLAUDETTE BURNETT PRESIDENT

12/20/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME BURNETT, CLAUDETTE O
STREET ADDRESS 871 NE 207TH TERR., #102
CITY-ST-ZIP N. MIAMI BCH, FL 33179

TITLE
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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Coburn* CLAUDETTE BURNETT PRESIDENT

12/20/08

305 401 1197

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #