

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000106326

Entity Name: A B C CAREW, INC.

**FILED**  
**Nov 15, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

985 WOODSMERE PARKWAY  
ROCKLEDGE, FL 32955

**New Principal Place of Business:**

197 SKYLINE CT.  
SATELLITE BEACH, FL 32937

**Current Mailing Address:**

985 WOODSMERE PARKWAY  
ROCKLEDGE, FL 32955

**New Mailing Address:**

197 SKYLINE CT.  
SATELLITE BEACH, FL 32937

FEI Number: 20-1533258

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CAREW, ALEXIA  
985 WOODSMERE PKWY  
ROCKLEDGE, FL 32955 US

**Name and Address of New Registered Agent:**

CAREW, ALEXIA  
197 SKYLINE CT.  
SATELLITE BEACH, FL 32937 US

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.

SIGNATURE: ALEXIA CAREW

11/15/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CAREW, BLAINE A  
Address: 197 SKYLINE CT.  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: ST  
Name: CAREW, ALEXIA  
Address: 197 SKYLINE CT.  
City-St-Zip: SATELLITE BEACH, FL 32937

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ALEXIA CAREW

ST

11/15/2012

Electronic Signature of Signing Officer or Director

Date