1 OK

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 07 JAN 24 PH 3: 47
DOCUMENT #P04000142167 1. Corporation Name Seraphim Care, Inc.		, 7	SECRETART OF STATE TALLAHASSEE, FLORIDA
Suite, Apt. #, etc. Giv & State Hiami, Florida	3. Mailing Office Address: 3 Pd Street 651 N.E. 8 3 Pd Street Suite, Apt. #, etc. City & State HIQMI, FL Zip Country		porated or Qualified Iness in Florida 10 19 04 Applied For Not Applicable
Zip Country Zip Country 33138 Country 33138 Country SA Country ST Name and Address of Current Registered Agent Name Juliette Paulin Street Address (P.Q. Box Number is Not Acceptable) Shrelt Suite, Apt. #, Etc. City Common State Zip Code 7 FL 33187		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 REGISTERED AGENT MUST SIGN			
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
ainer Juliette Pay	en 14871 SW. 1585	$\Re r$	Hiami, +2 33187
	03/	20/06	90164 001 \$5150.00
		50 01/30	10086684155 70701017018 **150.00
			-11
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 presignature shall have the same legal effect as if made under oath. SIGNATURE:			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #			

To: Corporation Reinstatement From: Juliette Payen Date: January 17th, 2007

I'd like to reinstate my corporation name. Unfortunately I did not receive the rejection letter or any other notice.

Please, if possible to wave the reinstatement fee. Also I already have a credit of \$150.00. Enclose is the difference.

Thank you, for your prompt assistance