

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB 17 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Nurturing Care Providers INC.

REINSTATEMENT 07-10

200169244152
02/17/10--01006--001 **600.00
CR2E081 (12/08)

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

8 Westfalls LN.

Suite, Apt. #, etc.

3. Mailing Office Address

8 Westfalls LN.

Suite, Apt. #, etc.

City & State

Palm Coast Florida

Zip

32164

Country USA

FLA

City & State

Palm Coast Florida

Zip

32164

Country USA

4. Date incorporated or Qualified
To Do Business in Florida

Feb 23rd 2005

5. FEI Number

42 1662868

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

Michael Anthony Diggett

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

8 Westfalls LN.

Suite, Apt. #, Etc.

City

Palm Coast

State

FL

Zip Code

32164

☒ 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

Michael A. Diggett
REGISTERED AGENT MUST SIGN

Date 2-10-10

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
P	Michael Diggett	8 Westfalls LN.	Palm Coast FL 32164
VP	Michael Diggett	8 Westfalls LN.	Palm Coast FL 32164
T	Michael Diggett	8 Westfalls LN	Palm Coast FL 32164
S	Michael Diggett	8 Westfalls LN	Palm Coast FL 32164
			X 2/17

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:

Michael A. Diggett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael A. Diggett

2-10-10

Date

(386) 405-3553

Daytime Phone #