

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # W0800001310L (02)  
1. Corporation Name P08000034304  
PAULINE'S CARE SERVICES, Inc.

2. Principal Office Address

7121 N.W. 10th PLACE  
Suite, Apt. #, etc.

3. Mailing Office Address

SAME  
Suite, Apt. #, etc.

City & State

PLANTATION FLORIDA

Zip

33313

Country

USA

City & State

Zip

Country

**FILED**

11 APR -8 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

800197756288  
04/08/11--01056--003 \*\*158.75

800197756288  
03/14/11--01064--014 \*\*750.00

4. Date Incorporated or Qualified  
To Do Business in Florida

4-3-2008

5. FEI Number

94-3473900

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

PAULINE REID

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

7121 N.W. 10th PLACE

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33313

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

*Pauline Reid*

REGISTERED AGENT MUST SIGN

Date

3/8/11

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/D	PAULINE REID	7121 N.W. 10th PLACE	PLANTATION, FL 33313
S/T	PAULINE REID	7121 N.W. 10th PLACE	PLANTATION, FL 33313

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 under section 119.07(3)(i), 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:

*Pauline Reid*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/11

Date

954 588 8529

Daytime Phone #

CR2E081 (01/04)