

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P11000020655

**FILED**  
**Jun 20, 2013**  
**Secretary of State**

**Entity Name:** MIRACLES OF LIFE WE CARE ,INC

**Current Principal Place of Business:**

4749 N PINE HILLS RD  
203  
ORLANDO, FL 32808

**New Principal Place of Business:**

**Current Mailing Address:**

4749 N PINE HILLS RD  
203  
ORLANDO, FL 32808

**New Mailing Address:**

**FEI Number:** 27-4378411

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PATTERSON, SHADE M  
4749 N PINE HILLS RD  
203  
ORLANDO, FL 32808 US

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

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:** SHADE PATTERSON

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** PATTERSON, SHADE M  
**Address:** 4749 N PINE HILLS RD  
**City-St-Zip:** ORLANDO, FL 32808

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:** SHADE PATTERSON

P

06/20/2013

Electronic Signature of Signing Officer or Director

Date