

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P11000028226

**FILED**  
**May 01, 2013**  
**Secretary of State**

**Entity Name:** CARE LIFE & HEALTH CORP.

**Current Principal Place of Business:**

2327 NE 37 TERR.  
HOMESTEAD, FL 33033

**New Principal Place of Business:**

**Current Mailing Address:**

2327 NE 37 TERR.  
HOMESTEAD, FL 33033

**New Mailing Address:**

**FEI Number:** 45-0952978

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DURAN, NORA  
2327 NE 37 TERR.  
HOMESTEAD, FL 33033 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:** CARE LIFE AND HEALTH CORP

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P/D  
**Name:** DURAN, NORA  
**Address:** 2327 NE 37 TERR.  
**City-St-Zip:** HOMESTEAD, FL 33033

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:** NORA DURAN

P

05/01/2013

Electronic Signature of Signing Officer or Director

Date