

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P93000008830

Entity Name: CARE ELECTRIC, INC.

FILED
Nov 09, 2009
Secretary of State

Current Principal Place of Business:

5633 SARAH AVE.
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

5633 SARAH AVE.
SARASOTA, FL 34233

New Mailing Address:

FEI Number: 65-0395423

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARE, DARRIN J
6243 OLD RANCH RD
SARASOTA, FL 34241 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: DARRIN J. CARE

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: CARE, DARRIN J
Address: 6243 OLD RANCH RD
City-St-Zip: SARASOTA, FL 34241

Title: T () Delete
Name: CARE, TAMI
Address: 6243 OLD RANCH RD
City-St-Zip: SARASOTA, FL 34241

Title: S () Delete
Name: CARE, CATHERINE
Address: 5633 SARAH AVE.
City-St-Zip: SARASOTA, FL 34233

Title: VP () Delete
Name: CARE, MANLON J
Address: 5633 SARAH AVE.
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: CARE, MAHLON J
Address: 5633 SARAH AVE.
City-St-Zip: SARASOTA, FL 34233

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DARRIN J. CARE

Electronic Signature of Signing Officer or Director

PRES

11/09/2009

Date