APPLICATION FOR REINSTATEMENT 1990

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

Document # P95-000028480

Make Check Payable To: Department of State

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Name and Address of Corporation.

Christian Loving Care, Agency Inc.

New address:
7601 N.W 68th st #102
Miami, FL 33166

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

REINSTATEMENT 9/97

Address

Address

City and State

Zip Code

3. Date Incorporated or Qualified To Do Business in Florida 4/10/95

4. FEI Number 650585 669

☐ FEI Number Applied For
☐ FEI Number Not Applicable

5. Names and Street Addresses of Each Officer and Director

1 Title	2 Names of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State
P/VS	Rafael A. Romero	1410 SW 129th Ct. Miami, FL 33184	Miami, FL

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REGISTERED AGENT INFORMATION

6. Name and Address of Current Registered Agent

Paula M. Acosta
2420 East 8th Ave.
Hialeah, FL 33013

7. Name and Address of New Registered Agent

Name: Rafael A. Romero
Street Address (Do NOT Use P.O. Box Number): 1410 SW 129th ct
Street Address (Do NOT Use P.O. Box Number):
City and State: Miami FL.
Zip Code: 33184

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505, F.S.

Signature of Registered Agent: Rafael A Romero Date: 4/11/97

REGISTERED AGENT MUST SIGN

9. 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, 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, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate and my signature shall have the same legal effects as if made under oath.

Signature of Officer or Director: Rafael A Romero Date: 4/11/97 Phone: (305) 551-8609

Typed or printed name of signing officer or director: RAFAEL A. ROMERO

10. Should you desire a certificate of status check the box. YES CERTIFICATE OF STATUS IS $5.00 X $5.00 Additional Fee