APPROVED AND FILED

02 JUN 14 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000066100

1. Corporation Name
S & F CARE ENTERPRISES CO.

REINSTATEMENT 2000-2002

2. Principal Office Address	3. Mailing Office Address
19021 SW 121 AVE	19021 SW 121 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FLA	City & State: MIAMI FLA
Zip: 33177 Country: DADE	Zip: 33177 Country: DADE

4. Date Incorporated or Qualified To Do Business in Florida: 9/25/1997

5. FEI Number: 65-1142617 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $5.00 Additional Fee Required if Certificate of Status is Desired

7. Name and Address of Current Registered Agent

Name: FRANCISCO BONNE

Street Address (P.O. Box Number is Not Acceptable): 19021 SW 121 AVE

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-06/13/02--01071--005
***1059.00 ***1059.00

Suite, Apt. #, Etc.

City: MIAMI State: FL Zip Code: 33177

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: _____ Date: 6/01/2002
REGISTERED AGENT MUST SIGN

CR2E045 (9/01)

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	SOMARA A. BONNE	19021 SW 121 AVE	MIAMI FL 33177
V/P	FRANCISCO BONNE	19021 SW 121 AVE	MIAMI FL 33177

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 until 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: FRANCISCO BONNE 6/01/2002 (305) 235-4841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #