

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 15 AM 9:03

DOCUMENT # P98000008026

1. Corporation Name

COMPASSIONATE COMPANIONS OF CENTRAL FLORIDA, INC

Principal Place of Business

Mailing Address

1981 JAPONICA ROAD
WINTER PARK FL 32792

5415- 216 LAKE HOWELL RD
WINTER PARK FL 32792



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/20/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3491094

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	WOLF, STEPHEN N	1981 JAPONICA ROAD	WINTER PARK FL 32792
VP	WOLF, DORIS	1981 JAPONICA ROAD	WINTER PARK FL 32792
D	WOLF, MYRNA	20533 BISCAYNE BLVD STE 4-125	AVENTURA FL 33180
			9000004649949--8 -10/23/01--01048--009 ****150.00 ****150.00
			<i>[Handwritten Signature]</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WOLF, STEPHEN N
1981 JAPONICA ROAD
WINTER PARK FL 32792

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. 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

[Handwritten Signature]
REGISTERED AGENT MUST SIGN

Date

10/12/01

11. 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 and 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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
10/12/01

Daytime Phone #
4076732822

CR2E040 (8/01)

Compassionate Companions

Serving Older Adults and Their Families

October 12, 2001

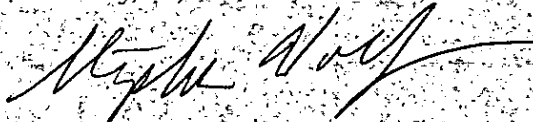
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

On March 5, 2001 I sent you a completed form for my uniform business report along with a check (#1939) for \$150.00. Apparently, it was never received. I went back to my bank statement and there is no record of it being returned. I have flagged that check so that if it ever gets there it should be destroyed or returned to me. I don't recall getting the second notice from you last month, but I apologize if I missed it.

Please accept this check (#2228) for \$150.00 as my corporate filing fee.

Thank you,



Stephen Wolf
Owner