

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

10/2

FILED

02 NOV -7 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000074419

1. Corporation Name

CARING COMPANIONS 2000, INC.

Principal Place of Business

8650 SHADY LAKE LANE
FORT PIERCE FL 34947

Mailing Address

8650 SHADY LAKE LANE
FORT PIERCE FL 34947



OZUBK

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/26/1998

5. FEI Number

65-0860595

Applied For

Not Applicable

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	GEOHAGAN, CANDANCE B	8650 SHADY LAKE LANE	FORT PIERCE FL 34947

500008868905
11/07/02--01057--020 **150.00

8. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

Candance Brown Geohagan

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

8650 Shady Lake Lane

Suite, Apt. #, Etc.

FL

City

Fort Pierce

State

FL

Zip Code

34947

CR2040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

Candance Brown Geohagan
REGISTERED AGENT MUST SIGN

Date

11/5/02

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:

Candance Brown Geohagan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/5/02

Daytime Phone #

2012

Caring Companions 2000, Inc.

Candance Geohagan
8650 Shady Lake Lane
Ft. Pierce, Florida 34947
561 486-5616
561 468-2001

November 5, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Secretary of State,

Due to the long term and massive construction in our area I did not receive the prior UBR. Please accept this application of reinstatement and fee.

Sincerely,

Candance Brown Geohagan
Candance Brown-Geohagan