

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 AUG 21 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000074419

1. Corporation Name

Caring Companions 2000, Inc.

REINSTATEMENT 03-06

CR2E081 (12/05)

2. Principal Office Address 8650 Shady Lake Lane		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Fort Pierce, Florida		City & State	
Zip 34947	Country USA	Zip 34947	Country

4. Date Incorporated or Qualified
To Do Business in Florida **8/26/1998**

5. FEEL Number
650860595

Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$5.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Candance Brown Geohagan

Street Address (P.O. Box Number is Not Acceptable)
8650 Shady Lake Lane

Suite, Apt. #, Etc.

City
Fort Pierce

State
FL

Zip Code
34947

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

REGISTERED AGENT MUST SIGN

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,V,S,T	Candance Brown Geohagan	8650 Shady Lake Lane	Fort Piece Florida 34947

03/8/22

500079047465
08/23/08--01026--014 **1200.00

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 and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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

8/17/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #