

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -2 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P99000012526

1. Corporation Name

BROWARD CARING & INVESTMENT
4200 NW 168th Suite 611
Lauderhill FL 33313

2. Principal Office Address

4200 NW 168th
Suite, Apt. #, etc.
611

3. Mailing Office Address

4200 NW 168th
Suite, Apt. #, etc.
611

City & State

Lauderhill FL

City & State

Lauderhill

Zip

33313

Country

FL

Zip

33313

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/09/89

5. FEI Number

65-0896073

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Leonard Jackson

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

13532 NW 5th Ct

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33325

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

[Signature]

Date 11/25/03

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	Suzette Jackson	13532 NW 5th Ct	Plantation FL 33325
VP	Leonard Jackson	13532 NW 5th Ct	Plantation FL 33325

REINSTATEMENT 03

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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEONARD JACKSON

Date

11/25/03

Daytime Phone #

CR2E081 (10/02)