

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -7 AM 5:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S08315**

1. Corporation Name
Compassionate Companions, Inc

800037435098
06/01/04--01006--025 **300.00

2. Principal Office Address
20533 Biscayne Blvd

3. Mailing Office Address

Suite, Apt. #, etc.
Suite 4-125

Suite, Apt. #, etc.

City & State
Aventura FL

City & State

Zip
33180 Country
USA

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **1990**

5. FEI Number **65-0226824** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED **\$9.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name **Myrna Wolf**

Street Address (P.O. Box Number is Not Acceptable)
20225 NE 34th Ct.

Suite, Apt. #, Etc. **#1912**

City **Aventura** State **FL** Zip Code **33180**

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 **Myrna Wolf** Date **May 3, 2004**

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 |
|-------------|-----------------------------------|--|---------------------------|
| Pres | Myrna Wolf | 20225 NE 34th Ct #1912 | Aventura, FL 33180 |
| | | | |
| | | | |
| | | | |

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)(l), 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: **Myrna Wolf (MYRNA WOLF)** Date **May 3, 2004** Daytime Phone # **305-937-4894**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E081 (01/04)

Compassionate Companions, Inc.

Serving Older Adults and Their Families

April 20, 2004

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

To whom it may concern:

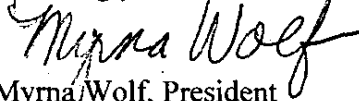
My accountant was randomly checking records for her corporate clients when she discovered that my corporation was recently dissolved due to non-payment of the annual report for 2003 and 2004. I had no idea that this had transpired and received no notification from the Department of State. For the past 13 years, I have paid it a timely fashion when I received notice

My mail arrives at a commercial mailbox and I have had many items either misplaced or not delivered over the past two years. Apparently the notification arrives as a postcard and these are the most frequently lost forms of correspondence. I have made every effort to correct this situation.

However I did not receive any notification of payment due for the annual report, nor did I ever receive any notice that the amount was overdue for the year 2003. As a responsible business person, I would have paid the amount due as I have done for the past fourteen years.(see enclosed attachments)

Enclosed is the fee for the years 2003 and 2004, and future payments will be noted and paid in a timely fashion.

Thanking you in advance, I remain sincerely,


Myrna Wolf, President
Compassionate Companions, Inc.