2010 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 27, 2010
Secretary of State

DOCUMENT# P08000078466

Entity Name: ANGELS HANDS IN HOME CARE INC.

Current Principal Place of Business:

5135 COBBLE CREEK CT.
101
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

5135 COBBLE CREEK CT.
101
NAPLES, FL 34110

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHUFELT, RITA J
5135 COBBLE CREEK CT.
101
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: RITA J. SHUFELT

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: SHUFELT, RITA J
Address: 5135 COBBLE CREEK CT.
City-St-Zip: NAPLES, FL 34110

Title: VP
Name: DOMENGET, HEATHER J
Address: 5135 COBBLE CREEK CT. 101
City-St-Zip: NAPLES, FL 34110

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RITA J. SHUFELT PRES 10/27/2010

Electronic Signature of Signing Officer or Director — Date