

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P92000010605

Entity Name: HOME CARE SYSTEMS, INC.

FILED  
Apr 20, 2005  
Secretary of State

**Current Principal Place of Business:**

6175 NW 167 ST.  
G-15  
MIAMI, FL 33015 US

**New Principal Place of Business:**

6175 NW 167TH ST  
G-15  
MIAMI, FL 33015

**Current Mailing Address:**

98 NW 161ST ST  
MIAMI, FL 33169

**New Mailing Address:**

6175 NW 167TH ST  
G-15  
MIAMI, FL 33015

FEI Number: 65-0380717

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FLORA, MARIA D  
98 NW 161ST ST  
MIAMI, FL 33169 US

**Name and Address of New Registered Agent:**

FLORA, MARIA D  
6175 NW 167TH ST  
G-15  
MIAMI, FL 33015 US

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: MARIA FLORA

04/20/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: FLORA, MARIA D  
Address: 98 NW 161ST ST  
City-St-Zip: MIAMI, FL 33169

Title: TS ( ) Delete  
Name: FLORA, CHARLES  
Address: 98 NW 161 ST.  
City-St-Zip: MIAMI, FL 33169

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CEO (X) Change ( ) Addition  
Name: FLORA, MARIA D  
Address: 6175 NW 167TH ST G-15  
City-St-Zip: MIAMI, FL 33015

Title: S/T (X) Change ( ) Addition  
Name: FLORA, CHARLES E  
Address: 6175 NW 167TH ST G-15  
City-St-Zip: MIAMI, FL 33015

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARIA FLORA

CEO

04/20/2005

Electronic Signature of Signing Officer or Director

Date