


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # K57239		
1. Entity Name HIGH TECH HOME HEALTH, INC.		

FILED
2007 OCT 29 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 4360 NORTH LAKE BLVD #214 PALM BEACH GARDENS, FL 33410 US	Mailing Address 4360 NORTH LAKE BLVD #214 PALM BEACH GARDENS, FL 33410 US
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2. Principal Place of Business - No P.O. Box # 1 SHELDRAKE LANE	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Palm Beach Gardens FL	City & State
Zip 33410	Country USA

10172007 REIN-P CR2E098 (1/07)

4. FEI Number 65-0097857		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LARKIN, MIMI K. 4360 NORTH LAKE BLVD #214 PALM BEACH GARDENS, FL 33410		7. Name and Address of New Registered Agent Name MIMI K LARKIN Street Address (P.O. Box Number is Not Acceptable) 1 SHELDRAKE LANE City Palm Beach Gardens FL Zip Code 33410

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *X Mimi K Larkin* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LARKIN, MIMI K. <input type="checkbox"/> Delete 1 SHELDRAKE LANE PALM BEACH GARDENS, FL 33418	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700111460927 10/29/07--01064--022 **\$150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARKIN, THOMAS J. <input type="checkbox"/> Delete 1 SHELDRAKE LANE PALM BEACH GARDENS, FL 33418	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X Mimi K Larkin* 10/30/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/30/07