2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000009176

Entity Name: IN HARMONY LIVING WITH CARE, INC.

FILED Nov 04, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3741 14TH AVE. SOUTH 811 10TH AVE. NORTH

ST. PETERSBURG, FL 33711

ST. PETERSBURG, FL 33701

Current Mailing Address: New Mailing Address:

3741 14TH AVE. SOUTH P.O. BOX 53191616

ST. PETERSBURG, FL 33711 ST. PETERSBURG, FL 33747

FEI Number: 75-3250362 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

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

KEARNEY, VERNON L. SR 3741 14TH AVE. SOUTH

ST. PETERSBURG, FL 33711 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: VERNON L KEARNEY, SR

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 KEARNEY, VERNON L. SR.
 Name:
 KEARNEY, VERNON L. SR.

 Address:
 3741 14TH AVE. SOUTH
 Address:
 811 10TH AVE. NORTH, #5

 City-St-Zip:
 ST. PETERSBURG, FL 33701
 City-St-Zip:
 ST. PETERSBURG, FL 33701

Title: D () Delete Title: () Change () Addition

 Name:
 RHODES, JAMES
 Name:

 Address:
 500 KENTUCKY AVE.
 Address:

 City-St-Zip:
 CRYSTAL BEACH, FL 34681
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 SALLIVAN, NATE
 Name:

 Address:
 524 WILDWOOD WAY
 Address:

 City-St-Zip:
 CLEARWATER, FL 33756
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VERNON L KEARNEY, SR PDT 11/04/2008