


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 10 APR 29 AM 10:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA 400178576464 04/29/10--01007--015 ***600.00 REINSTATEMENT 07-10	
DOCUMENT # <u>PO10000.88041</u>					
1. Corporation Name <u>VANTAGE HOME CARE INC.</u>					
2. Principal Office Address - No P.O. Box # <u>1275 KASS CIRCLE</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>1275 KASS CIRCLE</u> Suite, Apt. #, etc.			
City & State <u>SPRING HILL FL.</u>		City & State <u>SPRING HILL FL.</u>			
Zip <u>34606</u>	Country <u>USA</u>	Zip <u>34606</u>	Country <u>USA</u>		
4. Date Incorporated or Qualified To Do Business in Florida <u>2002</u>				5. FEI Number <u>59-3742041</u>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name <u>VICTOR ENRIQUEZ</u> Street Address (P.O. Box Number is Not Acceptable) <u>1275 KASS CIRCLE</u> Suite, Apt. #, Etc. City <u>SPRING HILL FL.</u>				PROFIT CORPORATIONS ONLY <input checked="" type="checkbox"/> The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
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 <u>[Signature]</u> REGISTERED AGENT MUST SIGN				Date <u>4-22-2010</u>	
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	
<u>P</u>	<u>VICTOR ENRIQUEZ</u>	<u>1275 KASS CIRCLE</u>		<u>SPRING HILL FL. 34606</u>	
10. E-mail Address: <u>vhcothernando@HOTMAIL.COM</u> (To be used for future annual report notification)					
11. 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. I further certify, 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 <u>[Signature]</u> <u>VICTOR ENRIQUEZ</u> <u>4-22-2010</u> <u>352-648-5022</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

4/30/10