

# **2007 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P01000098793

Entity Name: HME PROVIDERS, INC.

**FILED**  
**Oct 08, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

8855 GRISSOM PKWY  
TITUSVILLE, FL 32780

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5538  
TITUSVILLE, FL 32783

**New Mailing Address:**

FEI Number: 59-3753147

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SOWARDS, MICHAEL V  
8855 GRISSOM PKWY.  
TITUSVILLE, FL 32780 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: MICHAEL V. SOWARDS

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: COB ( ) Delete  
Name: SOWARDS, MICHAEL V  
Address: 8855 GRISSOM PKWY  
City-St-Zip: TITUSVILLE, FL 32780 US

Title: CEO ( ) Delete  
Name: SOWARDS, ARON M  
Address: 8855 GRISSOM PKWY  
City-St-Zip: TITUSVILLE, FL 32780 US

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CEO (X) Change ( ) Addition  
Name: RUSKIN, RYAN  
Address: 8855 GRISSOM PKWY  
City-St-Zip: TITUSVILLE, FL 32780 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL V SOWARDS

COB

10/08/2007

Electronic Signature of Signing Officer or Director

Date