

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P02000132450

**Entity Name:** REYES HOME CARE CORP.

**FILED**  
**Feb 13, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

1111 SW 103 CT  
MIAMI, FL 33174

**New Principal Place of Business:**

1111 SW 103 CT  
MIAMI, FL 33174 UN

**Current Mailing Address:**

1111 SW 103 CT  
MIAMI, FL 33174

**New Mailing Address:**

**FEI Number:** 06-1666917

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REYES, REINA  
1111 SW 103 CT  
MIAMI, FL 33174 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:** REINA REYES

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** REYES, REINA 90%  
**Address:** 1111 SW 103 CT  
**City-St-Zip:** MIAMI, FL 33174

**Title:** V  
**Name:** CASTELLON, EVELYN 10%  
**Address:** 1111 SW 103 CT  
**City-St-Zip:** MIAMI, FL 33174

I hereby 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 all other like empowered.

**SIGNATURE:** REINA REYES

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

02/13/2014

\_\_\_\_\_  
Date