2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 23, 2005
Secretary of State

DOCUMENT# P03000071256

Entity Name: NONA'S ADULT CARE FACILITY, INC.

Current Principal Place of Business:

6700 SW 57 TERRACE
MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

6700 SW 57 TERRACE
MIAMI, FL 33143

New Mailing Address:

FEI Number: 51-0473439 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MESTRE, OCTAVIO E
C/O LAW OFFICES OCTAVIO E. MESTRE
7385 SW 87 AVE STE 100
MIAMI, FL 33173 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: OCTAVIO MESTRE
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: D ( ) Delete
Name: SILVA, MAYDA
Address: 6700 SW 57 TERRACE
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MAYDA SILVA P 09/23/2005
Electronic Signature of Signing Officer or Director Date