

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000101370

**Entity Name:** LOVINS HOME CARE INC.

**FILED**  
**Nov 03, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2614 CROTON AVE  
SARASOTA, FL 34239

**New Principal Place of Business:**

**Current Mailing Address:**

2614 CROTON AVE  
SARASOTA, FL 34239

**New Mailing Address:**

**FEI Number:** 20-0196048

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOVINS, DONNA M  
2614 CROTON AVE  
SARASOTA, FL 34239 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:** DONNA MAE LOVINS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** LOVINS, DONNA M  
**Address:** 2614 CROTON AVE  
**City-St-Zip:** SARASOTA, FL 34239

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:** DONNA MAE LOVINS

PRES

11/03/2011

Electronic Signature of Signing Officer or Director

Date