2008 FOR PROFIT CORPORATION REINSTATEMENT

	MENT#1P03000139	7412	1.			F [_ED	
1. Entity Nam BA HOME	E HEALTH CARE, INC.	,				08 APR -8	AM II:	53
Principal Plac	re of Rusiness	Mailing Address		- COD	╣,	scunt IAR	7 OF STA	TF
5601 TIMUQ		5601 TIMUQUANA RD			T	ALLAHASS	EE, FLOR	RIDA
SUITE C		SUITE C						
JACKSONVILL	LE, FL 32210 US	JACKSONVILLE, FL 322	210 US	i	I ITAKEDAN ANE BAKTA MININ SUR	3) 8 8 111 8 8 131 11 8 8 1111	E ABOM BORGO ALGOR ALL	PIETS (É AUS)
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address						
City App II are		Suite, Apt. #, etc.						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			BEINSTATEMENTED OF OR			
City & State		City & State		4. FEI Number			oplied For	
					20-0424320			ot Applicable
Zip	Country	Zip	Country	1	5. Certificate of Status D	esired 🗌	\$8.75 Add	
	6. Name and Address of Current	Pegistered Agent	1		7. Name and Address of	f New Registere		-
				Name				
ALMOJERA, BELLE B M.D. 340 DEVONSHIRE LN.			-	Street Address (P.O. Box Number is Not Acceptable)				
	PARK, FL 32073		L					
				City	-	F	Zip Cod	le
SIGNATURE	ions of pegistered agent. Belle B. Almoj Signature, typed or printed name of registered agent	era, M.D.	E: Registered /	Agent signature requ	ired when reinstating)	DATE		·
					I			
FII	LE NOW!!! FEE IS \$900.00							
10.	OFFICERS AND		11.		ADDITIONS/CHANGES	TO OFFICERS AF	ND DIRECTOR	S IN 11
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