


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000142105

1. Entity Name
JENNIFER'S HOME CARE, INC.



FILED

09 FEB -2 AM 9:43

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business Mailing Address

**7100 NW 76 DRIVE
TAMARAC, FL 33321** **7100 NW 76 DRIVE
TAMARAC, FL 33321**

Jennifer's Home Care Inc



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

7100 NW 76 Dr Suite, Apt. #, etc.

11242008 REIN-P CR2E098 (1/07)

City & State City & State

Tamarac **FL 33321** **Country** **Country**

4. FEI Number Applied For

88-0516965 **Not Applicable**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GAYLE, JENNIFER I
7100 NW 76 DRIVE
TAMARAC, FL 33321**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jennifer Gayle* (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$750.00
After January 1, 2009, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS

TITLE	PVST	<input type="checkbox"/> Delete
NAME	GAYLE, JENNIFER I	
STREET ADDRESS	7100 NW 76 DRIVE	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600140668276	
STREET ADDRESS	01/14/09--01042--012	**150.00
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600140668276	
STREET ADDRESS	01/14/09--01042--013	**8.75
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600140668276	
STREET ADDRESS	02/02/09--01015--010	**150.00
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jennifer Gayle* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Jennifer Gayle
Jennifer's Home care zone
1100 NW 76 Drive
Tamarac FL 33321
R.F number PO 3020 142105

Attention Karen Saly my name is

Jennifer Gayle from the above Facility this letter is to
let you know I did not Receive Annual notice in 2008
I was not aware it was in active

Jennifer Gayle
owner & A.D.M