

# **2005 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000008171

**FILED**  
**Dec 19, 2005**  
**Secretary of State**

**Entity Name:** AUGUSTINA MUO HEALTH CARE CORP.

**Current Principal Place of Business:**

8020 FAIRVIEW DR # 306  
TAMARAC, FL 33321

**New Principal Place of Business:**

2643 N.W 8TH ST  
POMPANO BEACH, FL 33069

**Current Mailing Address:**

8020 FAIRVIEW DR # 306  
TAMARAC, FL 33321

**New Mailing Address:**

2643 N.W 8TH ST.  
POMPANO BEACH, FL 33069

**FEI Number:** 03-0535833

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MUO, AUGUSTINA  
8020 FAIRVIEW DR # 306  
TAMARAC, FL 33321 US

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

MUO, AUGUSTINA  
2643 N.W 8TH ST.  
POMPANO BEACH, FL 33069 US

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: MUO AUGUSTINA

12/19/2005

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: MUO, AUGUSTINA  
Address: 8020 FAIRVIEW DR # 306  
City-St-Zip: TAMARAC, FL 33321

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: MUO, AUGUSTINA  
Address: 2643 N.W 8TH ST.  
City-St-Zip: POMPANO BEACH, FL 33069

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: MUO AUGUSTINA

D

12/19/2005

Electronic Signature of Signing Officer or Director

Date