2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000049207

Entity Name: MARIA ADULT HOME CARE I, INC

FILED Mar 08, 2011 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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8441 SW 129 AVE MIAMI, FL 33183

Current Mailing Address: New Mailing Address:

8441 SW 129 AVE MIAMI, FL 33183

FEI Number: 02-0718851 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MOREJON, MARIA 8441 SW 129 AVE MIAMI, FL 33183 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: MARIA MOREJON

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P,PV

Name: MOREJON, MARIA Address: 8441 SW 129 AVE City-St-Zip: MIAMI, FL 33183

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: MARIA MOREJON P 03/08/2011