

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000065268

Entity Name: DOMOCARE, INC.

FILED  
Oct 19, 2007  
Secretary of State

## Current Principal Place of Business:

1271 BEACH RD  
ENGLEWOOD, FL 34223

## New Principal Place of Business:

240 N. WASHINGTON BLVD.  
SUITE 314  
SARASOTA, FL 34236

## Current Mailing Address:

1271 BEACH RD  
ENGLEWOOD, FL 34223

## New Mailing Address:

240 N. WASHINGTON BLVD.  
SUITE 314  
SARASOTA, FL 34236

FEI Number: 20-1512920

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CURFS, MATHIJS H  
240 N WASHINGTON BLVD, STE 314  
SARASOTA, FL 34236 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: MATHIJS H. CURFS

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: P ( ) Delete  
Name: CURFS, MATHIJS H  
Address: 1271 BEACH RD  
City-St-Zip: ENGLEWOOD, FL 34223

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CURFS, MATHIJS H MR.  
Address: 240 N. WASHINGTON BLVD, STE 314  
City-St-Zip: SARASOTA, FL 34236

Title: CEO ( ) Change (X) Addition  
Name: THEUNS, JEAN J MR.  
Address: 240 N. WASHINGTON BLVD, SUITE 314  
City-St-Zip: SARASOTA, FL 34236

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MATHIJS H. CURFS

P

10/19/2007

Electronic Signature of Signing Officer or Director

Date