

2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000133802

FILED
Oct 07, 2010
Secretary of State

Entity Name: MORNINGSTAR HOME HEALTH AGENCY, INC.

Current Principal Place of Business:

3590 SOUTH STATE ROAD 7
217
MIRAMAR, FL 33023

New Principal Place of Business:

3590 SOUTH STATE ROAD 7 SUITE 217
MIRAMAR, FL 33023

Current Mailing Address:

3590 SOUTH STATE RD 7 SUITE217
MIRAMAR, FL 33023

New Mailing Address:

3590 SOUTH STATE ROAD 7 SUITE 217
MIRAMAR, FL 33023

FEI Number: 30-0438731

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IMAFIDON, TAIWO
15772 S.W 24 STREET
MIRAMAR, FL 33027 US

Name and Address of New Registered Agent:

IMAFIDON, TAIWO
3590 SOUTH STATE ROAD 7 SUITE 217
MIRAMAR, FL 33023 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: TAIWO IMAFIDON

10/07/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DIR
Name: IMAFIDON, TAIWO
Address: 3590 SOUTH STATE ROAD 7 SUITE 217
City-St-Zip: MIRAMAR, FL 33023

Title: PRES
Name: IMAFIDON, TAIWO
Address: 15772 S.W 24 STREET
City-St-Zip: MIRAMAR, FL 33027

Title: SECR
Name: SALAMI, IMUENTINYAN
Address: 15772 S.W 24 STREET
City-St-Zip: MIRAMAR, FL 33027

Title: TREA
Name: SALAMI, IMUENTINYAN
Address: 15772 S.W 24 STREET
City-St-Zip: MIRAMAR, FL 33027

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: TAIWO IMAFIDON

PRES

10/07/2010

Electronic Signature of Signing Officer or Director

Date