

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000139555

**FILED**  
**Mar 13, 2012**  
**Secretary of State**

**Entity Name:** SANKOFA HEALTH CARE, INC

**Current Principal Place of Business:**

5555 N OCEAN BLVD  
27  
LAUDERDALE BY THE SEA, FL 33308

**New Principal Place of Business:**

15757 PINES BLVD  
33  
PEMBROKE PINES, FL 33027 US

**Current Mailing Address:**

5555 N OCEAN BLVD  
27  
LAUDERDALE BY THE SEA, FL 33308 US

**New Mailing Address:**

15757 PINES BLVD  
33  
PEMBROKE PINES, FL 33027 US

**FEI Number:** 20-1848422

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HIGH END INCOME TAX & ACCTG SERVICES  
4200 NW 16TH STREET  
SUITE 600-A  
LAUDERHILL, FL 33313 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:** MICHAEL EMOKPAE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** ROBINSON, MARJORIE  
**Address:** 15757 PINES BLVD UNIT 33  
**City-St-Zip:** PEMBROKE PINES, FL 33027 US

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:** MARJORIE ROBINSON

PCEO

03/13/2012

Electronic Signature of Signing Officer or Director

Date