


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

|   |  |   |
|---|--|---|
| DOCUMENT # P04000141665                               |  |  |
| 1. Entity Name<br>SENIOR HEALTH CARE ENTERPRISES, INC |  |   |

|   |   |
|---|---|
| Principal Place of Business<br>631 N.W. 132 PLACE<br>MIAMI, FL 33182 US | Mailing Address<br>631 N.W. 132 PLACE<br>MIAMI, FL 33182 US |
|---|---|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent         |  |
| PERDOMO, GISEL<br>631 N.W. 132 PLACE<br>MIAMI, FL 33182 |  |

FILED  
05 NOV 14 AM 11:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11092005 REIN-P CR2E098 (6/04)

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>20-1738151  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

|  |                      |
|--|----------------------|
| 7. Name and Address of New Registered Agent                          |                      |
| Name<br>GISEL PERDOMO  |                      |
| Street Address (P.O. Box Number is Not Acceptable)<br>631 NW 132 PL. |                      |
| City<br>MIAMI  | FL Zip Code<br>33182 |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* GISEL PERDOMO 11/09/2005  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

|  |  |
|--|--|
| FILE NOW!!! FEE IS \$150.00<br>After January 1, 2006, Fee will be \$300.00 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|--|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>PERDOMO, GISEL<br>631 N.W. 132 PLACE<br>MIAMI, FL 33132 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

300061415573  
11/14/05--01054--008 \*\*\$150.00

*[Signature]* 11/14/05

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* GISEL PERDOMO 11/09/2005 (7P6) 344-8064  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #