2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Apr 04, 2007
Secretary of State

DOCUMENT# P05000126620

Entity Name: A+ GENTLE CARE, INC.

Current Principal Place of Business:

A+ GENTLE CARE, INC.
HOMESTEAD, FL 33035

New Principal Place of Business:

1005 NORTH KROME AVE
HOMESTEAD, FL 33030

Current Mailing Address:

A+ GENTLE CARE, INC.
HOMESTEAD, FL 33035

New Mailing Address:

1457 SE 22ND LANE
HOMESTEAD, FL 33035

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SEJOUR, SERGE
1457 S E 22ND LN
HOMESTEAD, FL 33035 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: SERGE SEJOUR
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: DIR ( ) Delete
Name: SEJOUR, SERGE
Address: 1457 S E 22ND LN
City-St-Zip: HOMESTEAD, FL 33035

Title: P ( ) Delete
Name: SEJOUR, SERGE
Address: 1457 S E 22ND LN
City-St-Zip: HOMESTEAD, FL 33035

Title: DIR (X) Delete
Name: SEJOUR, WENDY M
Address: 1457 S E 22ND LN
City-St-Zip: HOMESTEAD, FL 33035

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change ( ) Addition
Name: SEJOUR, WENDY M
Address: 1457 SE 22ND LN
City-St-Zip: HOMESTEAD, FL 33035

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SERGE SEJOUR DIR 04/04/2007
Electronic Signature of Signing Officer or Director Date