

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000126640

**FILED**  
**Oct 07, 2010**  
**Secretary of State**

**Entity Name:** IFA UNIVERSAL HOME CARE INC.

**Current Principal Place of Business:**

9105 TAFT STREET  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

9105 TAFT STREET  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

**FEI Number:** 04-3829088

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MONER, MAYELIN  
9105 TAFT STREET  
PEMBROKE PINES, FL 33024 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:** MAYELIN MONER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PSD  
**Name:** MONER, MAYELIN  
**Address:** 9105 TAFT STREET  
**City-St-Zip:** PEMBROKE PINES, FL 33024

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:** MAYELIN MONER

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PD

10/07/2010

\_\_\_\_\_  
Date