

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000022782

**FILED**  
**Sep 24, 2010**  
**Secretary of State**

**Entity Name:** OHANA ADULT FAMILY CARE HOME, INC.

**Current Principal Place of Business:**

817 SW SAIL TERRACE  
PORT ST. LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

817 SW SAIL TERRACE  
PORT ST. LUCIE, FL 34953

**New Mailing Address:**

**FEI Number:** 74-3162439

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FLORIDA INCORPORATORS, INC.  
8875 HIDDEN RIVER PKWY STE 300  
TAMPA, FL 33637 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:** MARK HANKINS

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** D,P  
**Name:** ACEVEDO, MELANIE J  
**Address:** 817 SW SAIL TERRACE  
**City-St-Zip:** PORT ST. LUCIE, FL 34953

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:** MELANIE ACEVEDO

D,P

09/24/2010

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

\_\_\_\_\_  
Date