

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000055482

**FILED**  
**Aug 08, 2011**  
**Secretary of State**

**Entity Name:** TAKE CARE OF U INC.

**Current Principal Place of Business:**

6625 MIAMI LAKES DRIVE  
SUITE 214  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

17000 N.W 67 AVE  
108  
HIALEAH, FL 33015

**Current Mailing Address:**

6625 MIAMI LAKES DRIVE  
SUITE 214  
MIAMI LAKES, FL 33014

**New Mailing Address:**

17000 N.W 67 AVE  
108  
HIALEAH, FL 33015

**FEI Number:** 01-0866546

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BILLINGSLEY, ROSETTA  
6625 MIAMI LAKES DRIVE  
SUITE 214  
MIAMI LAKES, FL 33014 US

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

BILLINGSLEY, ROSETTA  
17000 N.W 67 AVE  
108  
HIALEAH, FL 33015 US

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: ROSETTA BILLINGSLEY

08/08/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DIR.  
Name: BILLINGSLEY, ROSETTA  
Address: 17000 N.W 67 AVE #108  
City-St-Zip: HIALEAH, FL 33015

Title: DIR.  
Name: REED, BEVERLY A  
Address: 16320 S.W 107 AVE  
City-St-Zip: MIAMI, FL 33157

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: ROSETTA BILLINGSLEY

DIR

08/08/2011

Electronic Signature of Signing Officer or Director

Date