2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000056215

Entity Name: JOBA CARE CORPORATION #2

HOMESTEAD, FL 33032 US

City-St-Zip:

FILED Oct 29, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	PALM DRIVE CITY, FL 3303				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	PALM DRIVE CITY, FL 3303				
FEI Number	: 20-4728935	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
FLORIDA The above	PALM DRIVE CITY, FL 3303	34 US	ne purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE: JOSERF	RAMOS			
	Electron	ic Signature of Registered	Agent	Date	
		3(2)(b), F.S., the corporation di g Trust Fund Contribution ().	d not receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () RAMOS, JOSE 26708 SW 128 HOMESTEAD, I	CT.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	VP () HERNANDEZ, E 26708 S.W. 12		Title: Name: Address:	() Change () Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JOSE R RAMOS P 10/29/2008