

# 2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000062278

**FILED**  
**Oct 30, 2012**  
**Secretary of State**

**Entity Name:** HOWE HOMECARE SERVICES, INC.

**Current Principal Place of Business:**

2975 BEE RIDGE ROAD  
SUITE D  
SARASOTA, FL 34239

**New Principal Place of Business:**

**Current Mailing Address:**

6383 GOLDEN EYE GLEN  
LAKEWOOD RANCH  
BRADENTON, FL 34202

**New Mailing Address:**

2975 BEE RIDGE ROAD  
SUITE D  
SARASOTA, FL 34239

**FEI Number:** 56-2591197

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOWE, CHRISTPHER J MR  
6383 GOLDEN EYE GLEN  
LAKEWOOD RANCH  
BRADENTON, FL FL US

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

HOWE, JILL MRS  
6383 GOLDEN EYE GLEN  
LAKEWOOD RANCH  
BRADENTON, FL 34202 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: JILL HOWE

10/30/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MR  
Name: HOWE, CHRISTOPHER J  
Address: 6383 GOLDEN EYE GLEN  
City-St-Zip: LAKEWOOD RANCH, BRADENTON, FL 34202

Title: MRS  
Name: HOWE, JILL  
Address: 6383 GOLDEN EYE GLEN  
City-St-Zip: LAKEWOOD RANCH, BRADENTON, FL 34202

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: JILL HOWE

MRS

10/30/2012

Electronic Signature of Signing Officer or Director

Date