

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000075635

FILED
May 13, 2008
Secretary of State

Entity Name: MANNY TAKES CARE OF YOU, INC

Current Principal Place of Business:

977 HAMPTON CIRCLE
NAPLES, FL 34105 US

New Principal Place of Business:

156 FREMONT AVE. S.
LEHIGH ACRES, FL 33936 US

Current Mailing Address:

977 HAMPTON CIRCLE
NAPLES, FL 34105 US

New Mailing Address:

156 FREMONT AVE. S.
LEHIGH ACRES, FL 33936 US

FEI Number: 20-4959171

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RAMOS, OSMANNY
977 HAMPTON CIRCLE
NAPLES, FL 34105 US

Name and Address of New Registered Agent:

RAMOS, OSMANNY
156 FREMONT AVE. S.
LEHIGH ACRES, FL 33936 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: OSMANY RAMOS

05/13/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RAMOS, OSMANNY
Address: 977 HAMPTON CIRCLE
City-St-Zip: NAPLES, FL 34105 US

Title: VP () Delete
Name: GOMEZ, MONICA M
Address: 977 HAMPTON CIRCLE
City-St-Zip: NAPLES, FL 34105 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RAMOS, OSMANNY
Address: 156 FREMONT AVE. S.
City-St-Zip: LEHIGH ACRES, FL 33936 US

Title: VP (X) Change () Addition
Name: GOMEZ, MONICA M
Address: 156 FREMONT AVE. S.
City-St-Zip: LEHIGH ACRES, FL 33936 US

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: MONICA GOMEZ

DIRE

05/13/2008

Electronic Signature of Signing Officer or Director

Date