



2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000080687						FILED 09 MAR 18 AM 7:38 SECRETARY OF STATE TALLAHASSEE, FLORIDA							
1. Entity Name CYNTHIA'S RESIDENTIAL HOME CARE, INC.				Principal Place of Business 9511 N HYALEAH ROAD TAMPA, FL 33617									
Mailing Address 9511 N HYALEAH ROAD TAMPA, FL 33617													
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						4. FEI Number 20-0779919		Applied For <input type="checkbox"/> Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.						5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		03122009 REIN-P CR2E098 (1/07)			
City & State		City & State						6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
Zip Country		Zip Country						SCOTT, CYNTHIA G 2515 RUSTIC OAK DR. LUTZ, FL 33559				Name <u>Cynthia G. Scott</u> Street Address (P.O. Box Number is Not Acceptable) <u>9511 N. Hyaleah Rd.</u> City <u>Tampa</u> FL Zip Code <u>33617</u>	
8. 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. I am familiar with, and accept the obligations of registered agent.													
SIGNATURE <u>Cynthia G. Scott</u>				DATE <u>March 16, 2009</u>									
(NOTE: Registered Agent signature required when reinstating)				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.									
FILE NOW!!! FEE IS \$300.00				(NOTE: Registered Agent signature required when reinstating)									
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11									
TITLE P <input type="checkbox"/> Delete NAME SCOTT, CYNTHIA G STREET ADDRESS 2515 RUSTIC OAK DR. CITY-ST-ZIP LUTZ, FL 33559				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <u>200146156343</u> STREET ADDRESS <u>03/16/09-01035-014</u> <u>**300.00</u> CITY-ST-ZIP									
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP									
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP									
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP									
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.													
SIGNATURE: <u>Cynthia G. Scott</u>				Date <u>3-16-2009</u>									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #									

2/19/09