

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000081298

Entity Name: ATLAS HOME HEALTH INC.

FILED
Sep 29, 2008
Secretary of State

Current Principal Place of Business:

147 ALHAMBRA CIRCLE
SUITE 21B
CORAL GABLES, FL 33134

Current Mailing Address:

147 ALHAMBRA CIRCLE
SUITE 21B
CORAL GABLES, FL 33134

New Principal Place of Business:

147 ALHAMBRA CIRCLE
SUITE 218
CORAL GABLES, FL 33134

New Mailing Address:

147 ALHAMBRA CIRCLE
SUITE 218
CORAL GABLES, FL 33134

FEI Number: 20-5040708

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESTRADA, VANESSA
147 ALHAMBRA CIRCLE
SUITE 21B
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

ESTRADA, VANESSA
147 ALHAMBRA CIRCLE
SUITE 218
CORAL GABLES, FL 33134 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: VANESSA ESTRADA

09/29/2008

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: ESTRADA, VANESSA
Address: 147 ALHAMBRA CIRCLE, STE. 21B
City-St-Zip: CORAL GABLES, FL 33134

Title: VP () Delete
Name: SANABRIA, DIANA M
Address: 147 ALHAMBRA CIRCLE, STE. 21B
City-St-Zip: CORAL GABLES, FL 33134

Title: S () Delete
Name: PONCE, NITIAH
Address: 147 ALHAMBRA CIRCLE, STE. 21B
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ESTRADA, VANESSA
Address: 147 ALHAMBRA CIRCLE, STE. 218
City-St-Zip: CORAL GABLES, FL 33134

Title: VP (X) Change () Addition
Name: SANABRIA, DIANA M
Address: 147 ALHAMBRA CIRCLE, STE. 218
City-St-Zip: CORAL GABLES, FL 33134

Title: S (X) Change () Addition
Name: PONCE, NITIAH
Address: 147 ALHAMBRA CIRCLE, STE. 218
City-St-Zip: CORAL GABLES, FL 33134

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: VANESSA ESTRADA

P

09/29/2008

Electronic Signature of Signing Officer or Director

Date