

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000084595

1. Entity Name  
C.J.M. HOME HEALTH CARE CORP.



Principal Place of Business  
1526 NW 25 AVE  
MIAMI, FL 33125

Mailing Address  
1526 NW 25 AVE  
MIAMI, FL 33125

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09032008

REIN-P

CR2E098 (1/07)

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

URGELLES, JOALINE  
1526 NW 25 AVE  
MIAMI, FL 33125

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME URGELLES, CELESTINO ☐ Delete  
STREET ADDRESS 1526 NW 25 AVE  
CITY-ST-ZIP MIAMI, FL 33125

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000135637700  
09/10/08--01008--008 \*\*300.00

TITLE VP  
NAME URGELLES, JOALINE ☐ Delete  
STREET ADDRESS 1526 NW 25 AVE  
CITY-ST-ZIP MIAMI, FL 33125

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SEC  
NAME VEGA, MARGARITA ☐ Delete  
STREET ADDRESS 1526 NW 25 AVE  
CITY-ST-ZIP MIAMI, FL 33125

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TRE  
NAME URGELLES, CELESTINO ☐ Delete  
STREET ADDRESS 1526 NW 25 AVE  
CITY-ST-ZIP MIAMI, FL 33125

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/15/08

FILED

08 SEP -5 AM 10:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

