## 2008 FOR PROFIT CORPORATION REINSTATEMENT

| DOCUMENT # P06000091107   |   |  |  |   | FILED   |   |                   |  |
|---|---|--|--|---|---|---|-------------------|--|
| 1. Entity Name DGR HOME HEALTH INC.   |   |  |  |   | 08 FEB 19 AM 9: 07  |   |                   |  |
|   |   |  | 1  |   | SECRETARY OF ST   | TATE  |                   |  |
| Principal Plac<br>6741 SW 24  |   | Mailing Address<br>6741 SW 24 ST   |  |   | TALLAHASSEE, FL   | ORIDA   |                   |  |
| SUITE 16  |   | SUITE 16   |  |   |   |   |                   |  |
| MIAMI, FL 3   | 3155  | MIAMI, FL 33155  |  |   | I BENE BUN CENT BENE ERNE IBIBL   |   |                   |  |
| 2. Principal P  | Place of Business - No P.O. Box #   | 3. Mailing Address   |  |   |   |   |                   |  |
| Suite, Apt.<br>7184 S.\   | w. 47 SJ.   | Suite, Apt. #, etc.<br>31845W 47St   |  |   | CERNISENATERED NOTO   |   |                   |  |
| Hiami   | , Florida   | Miami Florida  |  |   | 4. FEI Number Applied For 20 - 53 65 939 Not Applicable   |   |                   |  |
| Zip<br>つろ15   | Country   | Zip Country 33155 U.S.   |  | 5. Certificate of Status Desired S8.75 Additional Fee Required                    |   |   |                   |  |
| <u>2017</u>   | 6. Name and Address of Current I  |  | 7. Name and  | 7. Name and Address of New Registered Agent                                       |   |   |                   |  |
| GARCIA, LAZARO F JAZARO GARCIA  |   |  |  |   |   |   |                   |  |
| 6741 SW 2   |   |  |  | ddress (P.O. Bax Numb   |   |   |                   |  |
| SUITE 16<br>MIAMI, FL   | 33155   |  | 19.30  |   |   |   |                   |  |
| ,   | 0   | City   | ~  | <br>FI  | Zip Code  | 3,  |                   |  |
| 8. The above named early 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 |   |  |  |   |   |   |                   |  |
|   | tions of registered agent.  |  | ,  |   | _ i   | Lace  |                   |  |
| SIGNATURE Signature, to add or printed name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstating)  DATE                            |   |  |  |   |   |   |                   |  |
|   | Signature, reset to printed harne or ogsational agent a   | TO THE POPULATION OF THE POPUL | ediarasan wilani sidu                                  | ature required when ramstating  | DATE  |   |                   |  |
| FII   | LE NOW!!! FEE IS \$300.00   |  |  |   | In accordance with s. 60 corporation did not recei  | 7.193(2)(b), live the prior of                          | F.S., the otice.  |  |
| 10.   | OFFICERS AND I  |  | 11.  | DN  | CHANGES TO OFFICERS AN  |   |                   |  |
| TITLE<br>NAME   | GARCIA, LAZARO F  | ☐ Delete   | TITLE<br>NAME  | 1 22260 + 40  | icia _  | <b>∑</b> Change   | Addition Addition |  |
| STREET ADDRESS CITY-ST-ZIP  | 6741 SW 24 ST SUITE 16  | STREET ADDRESS<br>CITY-ST-ZIP  | 7184SW 47  | St. Kiami   |   |   |                   |  |
| TITLE   | MIAMI, FL 33155   | Delete   | TITLE  | VD - 0  |   | ☑ Change  | Addition          |  |
| NAME  | RAMOS, LAZARO B   |  | NAME   | 16700B 4  | amos  | [2] Shanga  |                   |  |
| STREET ADDRESS<br>CITY-ST-ZIP   | 6741 SW 24 ST SUITE 16<br>MIAMI, FL 33155   | STREET ADORESS<br>CITY-ST-ZIP  | 7184 SW 47   | St. Krami Fl<br>33155   |   |   |                   |  |
| TITLE   | SD Delete   |  | TITLE  | ICN .   |   | ₩ Change  | Addition          |  |
| NAME  | DIAZ, RAFAEL J  | NAMESTREET ADDRESS   | Johney Dia   | <u> </u>  |   | _   |                   |  |
| STREET ADDRESS<br>CITY-ST-ZIP   |   |  |  | 718454475   | A. Hiami FL   |   | i                 |  |
| TITLE   |   | ☐ Delete   | TITLE  |   |   | Change  | Addition          |  |
| NAME<br>STREET ADDRESS  |   |  | NAME<br>STREET ADDRESS                                 | 6   | oofijese  | 1256J   | ייי קבי           |  |
| CITY-ST-ZIP   |   |  | CITY-ST-ZIP  | 02/1  | 9/0801/03202!   | 517.**300   | <u>: 00</u>       |  |
| TITLE<br>NAME   |   | ☐ Delete   | TITLE<br>NAME  |   |   | ☐ Change  | Addition          |  |
| STREET ADDRESS  |   |  | STREET ADDRESS   |   |   |   |                   |  |
| CITY-ST-ZIP   |   |  | CITY-ST-ZIP  |   | <del></del> -   |   |                   |  |
| TITLE<br>NAME   |   | □ Delete   | TITLE<br>NAME  |   |   | ☐ Change  | Addition          |  |
| STREET ADDRESS  |   |  | STREET ADDRESS   |   |   |   |                   |  |
| CITY-ST-ZIP   | cartify that the information conclined with   | this filing does not evelilly for the  | CITY-ST-ZIP  | notained in Chapter 11  | Clorido Statutos 11 at -  | arificado en el en el                                   | (annation         |  |
| indicated<br>of the cor   | certify that the information supplied with<br>I on this report or supplemental report is<br>rporation or the receiver or trustee empo | true and accurate and that my :<br>wered to execute this report as   | ie exemptions o<br>signature shall h<br>required by Ch | iontained in Chapter 115<br>nave the same legal effe<br>apter 607. Florida Statut | <ul> <li>Fiorida Statutes. I further ce<br/>ct as if made under oath; that less and that my name appears</li> </ul> | rury that the in<br>I am an officer<br>s in Block to ac | or director       |  |
| changed,  | , or on an altachment with an address, v  | with all other like empowered.   | . oquirou by on  | aprior cor, i ronga oldlul  | s f   | IN DIOCK TO OF  | DIOCK IIII        |  |
| SIGNAT  | URE: V  |  |  | 02/12/08  |   |   |                   |  |
|   | SIGNATURE AND TYPED OR P  | RINTED NAME OF SIGNING OFFICER OR  | DIRECTOR   | -   | Date  | Daytime Phone #   |                   |  |
|   | I   |  |  |   | 00  | a   | $\mathcal{O}$     |  |