

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000117763

FILED
Oct 13, 2007
Secretary of State

Entity Name: SMART HOME HEALTH CARE SERVICES INC.

Current Principal Place of Business:

25400 US 19 NORTH
#168
CLEARWATER, FL 33763 US

New Principal Place of Business:

Current Mailing Address:

25400 US 19 NORTH
#168
CLEARWATER, FL 33763 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OLIVERA, JUAN A SR.
25400 US 19 NORTH
#168
CLEARWATER, FL 33763 US

Name and Address of New Registered Agent:

GROGAN, TIMOTHY A SR.
25400 US 19 NORTH
#168
CLEARWATER, FL 33763 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: TIMOTHY GROGAN

10/13/2007

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: OLIVERA, JUAN A SR.
Address: 735 OCEANVIEW AVENUE
City-St-Zip: BROOKLYN, NY 11235 US

Title: VP () Delete
Name: PERTAS, VASILE C
Address: 735 OCEANVIEW AVENUE
City-St-Zip: BROOKLYN, NY 11235 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: PERTAS, VASILE C
Address: 1250 PINELLAS AVE #906
City-St-Zip: TARPON SPRINGS, FL 34689 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: VASILE PERTAS

VP

10/13/2007

Electronic Signature of Signing Officer or Director

Date