

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000127677

FILED
Feb 18, 2009
Secretary of State

Entity Name: PORTER'S ADULT CARE INC.

Current Principal Place of Business:

700 DAY AVENUE
JACKSONVILLE,, FL 32205

New Principal Place of Business:

Current Mailing Address:

700 DAY AVENUE
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: 20-5675202

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PORTER, LASHANA M
8770 HUNTINGTON WOODS CIRCLE SOUTH
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

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: LASHANA PORTER

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: PORTER, LASHANA M
Address: 8770 HUNTINGTON WOODS CIRCLE SOUTH
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: LASHANA PORTER

Electronic Signature of Signing Officer or Director

PRES

02/18/2009

Date