

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000133259

FILED
Dec 13, 2007
Secretary of State

Entity Name: JOY AND LOVE REHABILITATION ASSISTED LIVING FACILITIES, INC.

Current Principal Place of Business:

16223 SW 107TH PLACE
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

16223 SW 107TH PLACE
MIAMI, FL 33157

New Mailing Address:

FEI Number: 20-5951391

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOY AND LOVE LIVING FACILITIES, CORP.
16223 SW 107TH PLACE
MIAMI, FL 33157 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: JOY AND LOVE LIVING FACILITIES, CORP.

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: JONES, OLIVE H
Address: 5850 NW 9TH AVENUE
City-St-Zip: MIAMI, FL 33127

Title: VP () Delete
Name: JONES, FELICIA L
Address: 5850 NW 9TH AVENUE
City-St-Zip: MIAMI, FL 33127

Title: S/T () Delete
Name: COOPER, OLIVE
Address: 16223 SW 107TH PLACE
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S/T (X) Change () Addition
Name: COOPER, LOUIS
Address: 16223 SW 107TH PLACE
City-St-Zip: MIAMI, FL 33157

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: LOUIS COOPER

S/T

12/13/2007

Electronic Signature of Signing Officer or Director

Date