

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000134043

FILED
Oct 21, 2008
Secretary of State

Entity Name: TENDER HANDS HOME HEALTH CARE II INC

Current Principal Place of Business:

9710 E. INDIGO ST
SUITE 101
PALMETTO BAY, FL 33157

New Principal Place of Business:

Current Mailing Address:

9710 E. INDIGO ST
SUITE 101
PALMETTO BAY, FL 33157

New Mailing Address:

FEI Number: 74-3200316

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASTERS, ANGELA
9710 E. INDIGO ST
SUITE 101
PALMETTO BAY, 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: ANGELA MASTERS

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: WHITE, ERICA
Address: 9710 E. INDIGO ST
City-St-Zip: PALMETTO BAY, FL 33157

Title: VP () Delete
Name: BARNEY, KEISHA
Address: 9710 E. INDIGO ST
City-St-Zip: PALMETTO BAY, FL 33157

Title: S () Delete
Name: MASTERS, ANGELA
Address: 9710 E. INDIGO ST
City-St-Zip: PALMETTO BAY, FL 33157

Title: T (X) Delete
Name: HARBERT, DARRELL JR
Address: 9710 E. INDIGO ST
City-St-Zip: PALMETTO BAY, 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: () Change () Addition
Name:
Address:
City-St-Zip:

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: KEISHA BARNEY

VP

10/21/2008

Electronic Signature of Signing Officer or Director

Date