2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000150483

1. Entity Name
HOYOS HOME HEALTH CARE, INC.

FILED
07 OCT 29 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10262007 REIN-P CR2E098 (1/07)

Principal Place of Business	Mailing Address
1701 WEST FLAAGLER STREET SUITE 334 MIAMI, FL 33135	1701 WEST FLAAGLER STREET SUITE 334 MIAMI, FL 33135

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1800 SW 1 street	1800 SW 1 street
Suite, Apt. #, etc.: #321	Suite, Apt. #, etc.: #321
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33135 Country: USA	Zip: 33135 Country: USA

4. FEI Number: 42-1791114 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOYOS, OSMANY E 1701 WEST FLAAGLER STREET SUITE 334 MIAMI, FL 33135	Name Street Address (P.O. Box Number is Not Acceptable): 1800 SW 1 street #321 City: Miami **FL** Zip Code: 33135

8. 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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After January 1, 2008, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HOYOS, OSMANY E 1701 WEST FLAGLER STREET, SUITE 334 MIAMI, FL 33135 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ADDRESS ONLY 1800 SW 1 street #321 MIAMI, FL 33135 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V OIEDA, MYRNA 1701 WEST FLAGLER STREET, SUITE 334 MIAMI, FL 33135 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ADDRESS ONLY 1800 SW 1 street #321 MIAMI, FL 33135 ☑ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/29