

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000155860

**Entity Name:** CROWN HOME CARE INC.

**FILED**  
**Oct 11, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1130 E DONEGAN AVE - STE 8  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

**Current Mailing Address:**

1130 E DONEGAN AVE - STE 8  
KISSIMMEE, FL 34744

**New Mailing Address:**

**FEI Number:** 71-1019550

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAMS, MINNETTE  
2114 DRIVE WAY  
KISSIMMEE, FL 34746 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:** MINNETTE WILLIAMS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** WILLIAMS, MINNETTE  
**Address:** 2114 DRIVE WAY  
**City-St-Zip:** KISSIMMEE, FL 34746

**Title:** VP  
**Name:** WILLIAMS, EWART  
**Address:** 2114 DRIVE WAY  
**City-St-Zip:** KISSIMMEE, FL 34746

**Title:** S  
**Name:** WILLIAMS, LATANIA  
**Address:** 3418 FERNWOOD DR  
**City-St-Zip:** KISSIMMEE, FL 34741

**Title:** T  
**Name:** WILLIAMS, CYNTHIA  
**Address:** 3418 FERNWOOD DR  
**City-St-Zip:** KISSIMMEE, FL 34741

I hereby 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 all other like empowered.

**SIGNATURE:** MINNETTE WILLIAMS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

VP

10/11/2010

\_\_\_\_\_  
Date