

# 2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000031592

**FILED**  
**Nov 01, 2010**  
**Secretary of State**

**Entity Name:** JARE HOME HEALTH SERVICES INC.

**Current Principal Place of Business:**

2200 SW 16 ST  
STE 210  
MIAMI, FL 33145

**New Principal Place of Business:**

1553 SW 2 ST  
11  
MIAMI, FL 33135

**Current Mailing Address:**

2200 SW 16 ST  
STE 210  
MIAMI, FL 33145

**New Mailing Address:**

1553 SW 2 ST  
11  
MIAMI, FL 33135

**FEI Number:** 20-8496592

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PERAZA, LISSETTE  
1725 SW 17 STREET  
MIAMI, FL 33145 US

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

PERAZA, LISSETTE  
1553 SW 2 ST  
11  
MIAMI, FL 33135 US

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:** LISSETTE PERAA

11/01/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** PERAZA, LISSETTE  
**Address:** 1553 SW 2 ST  
**City-St-Zip:** MIAMI, FL 33135

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:** LISSETTE PERAZA

PRES

11/01/2010

Electronic Signature of Signing Officer or Director

Date