

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000Q75753

1. Entity Name  
HENE'S HEALTH CARE AGENCY, INC.



08 NOV -5 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10272008 REIN-P CR2E098 (1/07)

4. FEI Number **75 32 46625** Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

BOENSNES, HENE  
4440 SW ARCHER RD.  
#2105  
GAINESVILLE, FL 32608

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*10/28/2008*  
Date

**FILE NOW!!! FEE IS \$150.00**

**After January 1, 2009, 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

TITLE **P** ☐ Delete  
NAME BOENSNES, HENE  
STREET ADDRESS 4440 SW ARCHER RD.  
CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE **VP** ☐ Delete  
NAME BOENSNES, EDWARD R  
STREET ADDRESS 4440 SW ARCHER RD.  
CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE **S** ☐ Delete  
NAME BOENSNES, CORAZON  
STREET ADDRESS 4440 SW ARCHER RD.  
CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE **T** ☐ Delete  
NAME BOENSNES, EDWARD R  
STREET ADDRESS 4440 SW ARCHER RD.  
CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME **000137680310**  
STREET ADDRESS **11/05/08--01044--011 \*\*150.00**  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 officers empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*10/28/2008*  
Date

*(352) 337-8333*  
Daytime Phone #

*11/6 au*