

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000081541

Entity Name: HOME SWEET HOMECARE,INC

FILED  
Oct 24, 2008  
Secretary of State

## Current Principal Place of Business:

1813 ARBOR KNOLL LOOP  
TRINITY, FL 34655

## New Principal Place of Business:

## Current Mailing Address:

1813 ARBOR KNOLL LOOP  
TRINITY, FL 34655

## New Mailing Address:

1224 COUNTY RD 1  
DUNEDIN, FL 34698

FEI Number: 71-1035509

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GARNES, FRED L  
1813 ARBOR KNOLL LOOP  
TRINITY, FL 34655 US

## Name and Address of New Registered Agent:

READ, BARBARA A  
1224 COUNTY RD 1  
DUNEDIN, FL 34698 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: BARBARA A READ

10/24/2008

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: GARNES, FRED L  
Address: 1813 ARBOR KNOLL LOOP  
City-St-Zip: TRINITY, FL 34655

Title: V.P. ( ) Delete  
Name: GARNES, DELORES W  
Address: 1813 ARBOR KNOLL LOOP  
City-St-Zip: TRINITY, FL 34655

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DELORES W. GARNES

VP

10/24/2008

Electronic Signature of Signing Officer or Director

Date