

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P07000106617**  
 1. Entity Name  
**MISSION HOME CARE, INC.**



FILED

09 AUG 18 PM 1:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business      Mailing Address  
**5243 GALL BLVD., SUITE 6**      **5243 GALL BLVD., SUITE 6**  
**ZEPHYRHILLS, FL 33542 US**      **ZEPHYRHILLS, FL 33542 US**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**24-0784316**      Not Applicable  
 5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**UNITED STATES CORPORATION AGENTS, INC.**  
**13302 WINDING OAKS BLVD**  
**SUITE A-100**  
**TAMPA, FL 33612-3425**

7. Name and Address of New Registered Agent  
 Name      **CORPORATION SERVICE CO.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1201 HAYS ST**  
 City      **TALLAHASSEE**      FL      Zip Code      **32301**

B. 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]*      DATE: **8/14/09**

FILE NOW!!! FEE IS \$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      P       Delete  
 NAME      **TAGAY, RAVINIA**  
 STREET ADDRESS      **5243 GALL BLVD., SUITE 6**  
 CITY-ST-ZIP      **ZEPHYRHILLS, FL 33541**

TITLE      P       Change       Addition  
 NAME      **TAGAY, RAVINIA**  
 STREET ADDRESS      **5243 GALL BLVD, SUITE 6**  
 CITY-ST-ZIP      **ZEPHYRHILLS, FL 33542**      \* NOTE - CORRECTION IN ZIP CODE

TITLE      T       Delete  
 NAME      **VILLARUEL, REGGIE**  
 STREET ADDRESS      **5243 GALL BLVD., SUITE 6**  
 CITY-ST-ZIP      **ZEPHYRHILLS, FL 33541**

TITLE      T       Change       Addition  
 NAME      **VILLARUEL, REGINALD**  
 STREET ADDRESS      **5243 GALL BLVD., SUITE 6**  
 CITY-ST-ZIP      **ZEPHYRHILLS, FL 33542**      \* NOTE - CORRECTION IN NAME & ZIP CODE

TITLE      S       Delete  
 NAME      **BASILA, RAY**  
 STREET ADDRESS      **5243 GALL BLVD., SUITE 6**  
 CITY-ST-ZIP      **ZEPHYRHILLS, FL 33541**

TITLE      S       Change       Addition  
 NAME      **BASILA, REYNALDO**  
 STREET ADDRESS      **5243 GALL BLVD, SUITE 6**  
 CITY-ST-ZIP      **ZEPHYRHILLS, FL 33542**

TITLE      D       Delete  
 NAME      **TAGAY, RAVINIA**  
 STREET ADDRESS      **5243 GALL BLVD., SUITE 6**  
 CITY-ST-ZIP      **ZEPHYRHILLS, FL 33541**

TITLE            Change       Addition  
 NAME           **400159705084**  
 STREET ADDRESS           **08/18/09--01034--004 \*\*300.00**  
 CITY-ST-ZIP           **ZEPHYRHILLS, FL 33542**

TITLE      D       Delete  
 NAME      **VILLARUEL, REGGIE**  
 STREET ADDRESS      **5243 GALL BLVD., SUITE 6**  
 CITY-ST-ZIP      **ZEPHYRHILLS, FL 33541**

TITLE            Change       Addition  
 NAME      **VILLARUEL, REGINALD**  
 STREET ADDRESS      **ZEPHYRHILLS, FL 33542**

TITLE      D       Delete  
 NAME      **BASILA, RAY**  
 STREET ADDRESS      **REGGIE**  
 CITY-ST-ZIP      **ZEPHYRHILLS, FL 33541**

TITLE            Change       Addition  
 NAME      **BASILA, REYNALDO**  
 STREET ADDRESS      **ZEPHYRHILLS, FL 33542**

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 fees empowered.

SIGNATURE: *[Signature]*      DATE: **8/14/09**      **847-912-6849**