2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 06, 2009
Secretary of State

DOCUMENT# P07000106833

Entity Name: LONGEVITY HOME HEALTH CARE, INC

Current Principal Place of Business:

15327 NW 60TH AVE SUITE 235
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

15327 NW 60TH AVE SUITE 235
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 45-0573948 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOLLINEDA, PEDRO G
15327 NW 60TH AVE SUITE 23J
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

GONZALEZ MOLLINEDA, PEDRO
15327 NW 60TH AVE SUITE 23J
MIAMI LAKES, FL 33014 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: PEDRO GONZALEZ MOLLINEDA 11/06/2009
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: DP ( ) Delete
Name: MOLLINEDA, PEDRO G
Address: 15327 NW 60TH AVE SUITE 235
City-St-Zip: MIAMI LAKES, FL 33014

Title: DVP ( ) Delete
Name: RODRIGUEZ VALERO, VALENTIN B
Address: 15327 NW 60TH AVE SUITE 235
City-St-Zip: MIAMI LAKES, FL 33014

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: PEDRO GONZALEZ MOLLINEDA DIRE 11/06/2009
Electronic Signature of Signing Officer or Director Date