2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 25, 2008
Secretary of State

DOCUMENT# P07000117558

Entity Name: MARTHA'S HOME CARE, INC

Current Principal Place of Business:

9165 LEE VISTA BLVD
107
ORLANDO, FL 32829 US

New Principal Place of Business:

420 FONTANA CIR
208
OVIEDO, FL 32765 US

Current Mailing Address:

9165 LEE VISTA BLVD
107
ORLANDO, FL 32829 US

New Mailing Address:

P.O.BOX 623162
107
OVIEDO FL, FL 32765 US

FEI Number: 26-1332331 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARROYAVE, CAROLINA
9165 LEE VISTA BLVD
107
ORLANDO, FL 32829 US

Name and Address of New Registered Agent:

ARROYAVE, CAROLINA
420 FONTANA CIR
208
OVIEDO, FL 32765 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: GLORIA FLOREZ 11/25/2008
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/S ( ) Delete
Name: ARROYAVE, CAROLINA
Address: 9165 LEE VISTA BLVD #107
City-St-Zip: ORLANDO, FL 32829 US

Title: PV/T ( ) Delete
Name: FLOREZ, GLORIA E
Address: 9165 BLEE VISTA BLVD #107
City-St-Zip: ORLANDO, FL 32829 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/S (X) Change ( ) Addition
Name: ARROYAVE, CAROLINA
Address: 420 FONTANA CIR #208
City-St-Zip: OVIEDO, FL 32765 US

Title: PV/T (X) Change ( ) Addition
Name: FLOREZ, GLORIA E
Address: 420 FONTANA CIR #208
City-St-Zip: OVIEDO, FL 32765 US

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: GLORIA FLOREZ PV/T 11/25/2008
Electronic Signature of Signing Officer or Director Date