

# **2008 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000129745

**FILED**  
**Oct 27, 2008**  
**Secretary of State**

**Entity Name:** A - 1 HOME HEALTH AGENCY INC.

**Current Principal Place of Business:**

1570 W 43 PL  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

1570 W 43 PL  
HIALEAH, FL 33012

**New Mailing Address:**

7221 SW 24 ST  
203  
MIAMI, FL 33155

**FEI Number:** 26-3373164

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MORA, CECILA  
13876 SW 56 ST  
MIAMI, FL 33012 US

**Name and Address of New Registered Agent:**

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:** CECILIA MORA

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: MORA, CECILIA  
Address: 1570 W 43 PL #26  
City-St-Zip: HIALEAH, FL 33012

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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:** CECILIA MORA

P

10/27/2008

Electronic Signature of Signing Officer or Director

Date