

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000135239

**FILED**  
**Apr 07, 2010**  
**Secretary of State**

**Entity Name:** KINDHEARTED ASSISTED LIVING FACILITY, INC.

**Current Principal Place of Business:**

2720 AVE V, NW  
WINTER HAVEN, FL 33881

**New Principal Place of Business:**

2815 CLEVELAND HEIGHTS BLVD  
LAKELAND, FL 33803

**Current Mailing Address:**

1425 HALLAM DRIVE  
LAKELAND, FL 33813

**New Mailing Address:**

P.O. BOX 5265  
LAKELAND, FL 33807

**FEI Number:** 94-3441389

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MILHOMME, YOLENE  
1425 HALLAM DRIVE  
LAKELAND, FL 33813 US

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

MILHOMME, JEAN A  
1425 HALLAM DRIVE  
LAKELAND, FL 33813 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: JEAN A MILHOMME

04/07/2010

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  
Name: MILHOMME, JEAN SR.  
Address: 1425 HALLAM DRIVE  
City-St-Zip: LAKELAND, FL 33813

Title: VP  
Name: YOLENE, MILHOMME  
Address: 1425 HALLAM DRIVE  
City-St-Zip: LAKELAND, FL 33813

I hereby 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 all other like empowered.

SIGNATURE: JEAN A MILHOMME

MR.

04/07/2010

Electronic Signature of Signing Officer or Director

Date