

2009 FOR PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 23, 2009
Secretary of State**

DOCUMENT# P08000018251

Entity Name: GOOD LIFE ADULT FAMILY CARE HOME, INC.

Current Principal Place of Business:

404 TRANQUILLE OAKS DR
OCOEE, FL 34761

New Principal Place of Business:

Current Mailing Address:

404 TRANQUILLE OAKS DR
OCOEE, FL 34761

New Mailing Address:

FEI Number: 26-2033182 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOUVARAIN, ROSE
404 TRANQUILLE OAKS DR
OCOEE, FL 34761 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: ROSE M SOUVERAIN

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: SOUVARAIN, ROSE
Address: 404 TRANQUILLE OAKS DR
City-St-Zip: OCOEE, FL 34761

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: ROSE M SOUVERAIN

Electronic Signature of Signing Officer or Director

PRES

10/23/2009

Date