

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000026569

**FILED**  
**Oct 05, 2010**  
**Secretary of State**

**Entity Name:** ADVANCE HOME CARE SERVICES, INC

**Current Principal Place of Business:**

6850 CORAL WAY  
506  
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

6850 CORAL WAY  
506  
MIAMI, FL 33155

**New Mailing Address:**

**FEI Number:** 26-2166546

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GONZALEZ, ARIEL  
6850 CORAL WAY  
SUITE 506  
MIAMI, FL 33155 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: ARIEL GONZALEZ

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: GONZALEZ, ARIEL  
Address: 6850 CORAL WAY STE. 506  
City-St-Zip: MIAMI, FL 33155

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: ARIEL GONZALEZ

PD

10/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date