## 2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000053612

Entity Name: EVELIN HEALTH CARE CO.

**FILED** Feb 25, 2011 Secretary of State

**New Principal Place of Business: Current Principal Place of Business:** 

3440 NW 11 PLACE 318 NE 51 ST UNIT #304 UNIT #4 MIAMI, FL 33127 MIAMI, FL 33137

**Current Mailing Address: New Mailing Address:** 

3440 NW 11 PLACE 318 NE 51 ST UNIT #304 UNIT #4 MIAMI, FL 33137 MIAMI, FL 33127

FEI Number: 26-2804832 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

MENDEZ, EVELIN MENDEZ, EVELIN 3440 NW 11 PLACE 318 NE 51 ST UNIT #304 UNIT #4 MIAMI, FL 33127 US MIAMI, FL 33137 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: EVELIN MENDEZ 02/25/2011

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title:

MENDEZ, EVELIN Name: 318 NE 51 ST UNIT # 4 Address: City-St-Zip: MIAMI, FL 33137

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.

Ρ SIGNATURE: EVELIN MENDEZ 02/25/2011