

**2010 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Nov 28, 2010  
Secretary of State**

DOCUMENT# P09000000886

Entity Name: AM LOVING CARE INC.

**Current Principal Place of Business:**

113 PORTER PLACE  
WEST PALM BEACH, FL 33409

**New Principal Place of Business:**

**Current Mailing Address:**

113 PORTER PLACE  
WEST PALM BEACH, FL 33409

**New Mailing Address:**

FEI Number: 26-0747142      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

NECENCE, AMIDE P  
113 PORTER PLACE  
WEST PALM BEACH, FL 33409      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: AMIDE NECENCE

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: NECENCE, AMIDE P  
Address: 113 PORTER PLACE  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: VD  
Name: NONSANT, MARIE L  
Address: 113 PORTER PLACE  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: S  
Name: NECENCE, MARC  
Address: 113 PORTER PLACE  
City-St-Zip: WEST PALM BEACH, FL 33409

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: AMIDE NECENCE

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

PD

11/28/2010

\_\_\_\_\_  
Date