

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000014925

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** ESTHER'S HOME HEALTH SERVICES, INC.

**Current Principal Place of Business:**

4025 S.W. 25TH STREET  
WEST PARK, FL 33023 US

**New Principal Place of Business:**

4456 HALLANDALE BEACH BLVD  
PEMBROKER PARK, FL 33023 US

**Current Mailing Address:**

814 GLEN ABBEY DRIVE  
MANSFIELD, TX 76063 US

**New Mailing Address:**

4456 HALLANDALE BEACH BLVD  
PEMBROKER PARK, FL 33023 US

**FEI Number:** 26-4272887

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

JONES, PORTIA  
4025 S.W. 25TH STREET  
WEST PARK, FL 33023 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:** PORTIA JONES

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** THORNTON, KENDRAN  
**Address:** 20041 N.W. 63RD AVE  
**City-St-Zip:** HIALEAH, FL 330152170 US

**Title:** VD  
**Name:** JONES, PORTIA  
**Address:** 4025 S.W. 25TH STREET  
**City-St-Zip:** WEST PARK, FL 33023 US

**Title:** S  
**Name:** DAVIS, MARK  
**Address:** 2006 BIG BEAR  
**City-St-Zip:** ARLINGTON, TX 76016 US

**Title:** T  
**Name:** RAMSEY, DONALD  
**Address:** 4025 S.W. 25TH STREET  
**City-St-Zip:** WEST HOLLYWOOD, FL 33023 US

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:** PORTIA JONES

VP

01/05/2011

Electronic Signature of Signing Officer or Director

Date