2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P09000014925

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

FILED Oct 04, 2013 Secretary of State

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

4456 HALLANDALE BEACH BLVD 3192 W. HALLANDALE BEACH BLVD PEMBROKE PARK, FL 33023

SUITE 5

PEMBROKE PARK, FL 33009

Current Mailing Address: New Mailing Address:

4456 HALLANDALE BEACH BLVD 3192 W. HALLANDALE BEACH BLVD PEMBROKER PARK, FL 33023 US SUITE 5

PEMBROKE PARK, FL 33009 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: Name and Address of New Registered Agent:

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

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:

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

Title: VD

Name: JONES, PORTIA

4025 S.W. 25TH STREET Address: WEST PARK, FL 33023 US City-St-Zip:

Title:

DAVIS, MARK Name: 2006 BIG BEAR Address:

City-St-Zip: ARLINGTON, TX 76016 US

Title:

RAMSEY, DONALD Name: 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 PD 10/04/2013