

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P13000014168

**Entity Name:** HARRELL HOME CARE, INC.

**FILED**  
**Oct 01, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

2528-2 BARRINGTON CIRCLE  
TALLAHASSEE, FL 32308 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 14924  
TALLAHASSEE, FL 32317 US

**New Mailing Address:**

**FEI Number:** 46-2042399

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HARRELL, SCOTT M  
2528-2 BARRINGTON CIRCLE  
TALLAHASSEE, FL 32308 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:** SCOTT M. HARRELL

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PVST  
**Name:** HARRELL, SCOTT  
**Address:** PO BOX 14924  
**City-St-Zip:** TALLAHASSEE, FL 32317 US

**Title:** D  
**Name:** HARRELL, SCOTT  
**Address:** PO BOX 14924  
**City-St-Zip:** TALLAHASSEE, FL 32317 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:** SCOTT M. HARRELL

OWNE

10/01/2014

Electronic Signature of Signing Officer or Director

Date