

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000059180

1. Entity Name
MERRY ONE HOME CARE, INC.



Principal Place of Business
1066 SW 141 COURT
MIAMI, FL 33184

Mailing Address
1066 SW 141 COURT
MIAMI, FL 33184

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11272007

REIN-P

CR2E098 (1/07)

4. FEI Number
65-0848775

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEDINA, MARIA
911 SW 139TH PLACE
MIAMI, FL 33184

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Maria Medina

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

11/27/07

DATE

FILE NOW!!! FEE IS \$750.00

After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
MEDINA, MARIA
911 SW 139TH PLACE
MIAMI, FL 33184 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Maria Medina

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/27/07

Date

Daytime Phone #

FILED

2007 DEC -7 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

2007

07/17/07 90109 016 \$150.00

Division of Corporation
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Sir or Madam:

Enclosed please find 2007 Reinstatement report for MERRY ONE HOME CARE, INC., document # P98000059180.

I am requesting waiver of penalty for late filing of Annual Report of Corporation due to the fact of not receiving any notice or communication from the State Office regarding the filing.

The fee of \$150 was paid on 7/10/07 by check # 2612 paid by Ocean Bank on July 19, 2007.

The Company was incorporated on 1998 and regularly has complied with all legal and Fiscal requirements.

Photocopy of check and Bank statement is enclosed for easy verification.

Sincerely,

A handwritten signature in black ink, appearing to read "Maria Medina", with a small asterisk or flourish at the beginning.

Maria Medina
President