

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P99000001637

**FILED**  
**Oct 03, 2010**  
**Secretary of State**

**Entity Name:** JUMEROLIS HOME CARE CORPORATION

**Current Principal Place of Business:**

956 SOUTHWEST 143RD PLACE  
MIAMI, FL 33184 US

**New Principal Place of Business:**

**Current Mailing Address:**

12515 PALM RD  
NORTH MIAMI, FL 33181 US

**New Mailing Address:**

**FEI Number:** 65-0885151

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAO, ALLAN  
956 SOUTHWEST 143RD PLACE  
MIAMI, FL 33184 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:** ALLAN CAO

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** CAO, ALLAN  
**Address:** 956 SOUTHWEST 143RD PLACE  
**City-St-Zip:** MIAMI, FL 33184 US

**Title:** SV  
**Name:** MAHIQUES, EDITH  
**Address:** 956 SOUTHWEST 143RD PLACE  
**City-St-Zip:** MIAMI, FL 33184 US

**Title:** T  
**Name:** CAO, TANIA  
**Address:** 956 SOUTHWEST 143RD PLACE  
**City-St-Zip:** MIAMI, FL 33184 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:** ALLAN CAO

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

PD

10/03/2010

\_\_\_\_\_  
Date