

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# V51180

FILED
Jan 16, 2009
Secretary of State

Entity Name: UTOPIA HOME CARE OF FLORIDA, INC.

Current Principal Place of Business:

215 SECOND AVE N
SAINT PETERSBURG, FL 33701 US

New Principal Place of Business:

Current Mailing Address:

60 EAST MAIN ST
KINGS PARK, NY 11754 US

New Mailing Address:

FEI Number: 11-2635043

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEAR, ROBERT L.
2605 ENTERPRISE ROAD EAST, #110
CLEARWATER, FL 34619 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: ROBERT L. SHEAR

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: MARTINEZ, MANUEL F.,
Address: 60 E. MAIN STREET
City-St-Zip: KINGS PARK, NY

Title: ST () Delete
Name: MARTINEZ, ANGELINA,
Address: 60 E. MAIN ST.
City-St-Zip: KINGS PARK, NY

Title: VP () Delete
Name: MARTINEZ, MANUEL G
Address: 60 EAST MAIN STREET
City-St-Zip: KINGS PARK, NY

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change () Addition
Name: MARTINEZ, MANUEL F.,
Address: 60 E. MAIN STREET
City-St-Zip: KINGS PARK, NY 11754 US

Title: ST (X) Change () Addition
Name: MARTINEZ, ANGELINA,
Address: 60 E. MAIN ST.
City-St-Zip: KINGS PARK, NY 11754 US

Title: VP (X) Change () Addition
Name: MARTINEZ, MANUEL G
Address: 60 EAST MAIN STREET
City-St-Zip: KINGS PARK, NY 11754 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MANUEL F. MARTINEZ

CP

01/16/2009

Electronic Signature of Signing Officer or Director

Date