

**2021 FLORIDA PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P18000053068

**Entity Name:** YOUR TOTAL CARE...@HOME, INC.

**Current Principal Place of Business:**

243 LARGO CAY CT. #203  
OCOEE, FL 34761

**Current Mailing Address:**

243 LARGO CAY CT. #203  
OCOEE, FL 34761 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

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

FRAZIER, NINA  
5575 S. SEMORAN BLVD  
SUITE 36  
ORLANDO, FL 32822 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:** FRAZIER, NINA

01/28/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name FRAZIER, NINA  
Address 243 LARGO CAY CT. #203  
City-State-Zip: OCOEE FL 34761

Title T  
Name FRAZIER, JOHN  
Address 243 LARGO CAY CT. #203  
City-State-Zip: OCOEE FL 34761

Title S  
Name LEWIS, BRIAN  
Address 243 LARGO CAY CT. #203  
City-State-Zip: OCOEE FL 34761

*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:** NINA FRAZIER

PRESIDENT

01/28/2021

Electronic Signature of Signing Officer/Director Detail

Date