

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# V47903

FILED
Nov 20, 2008
Secretary of State

Entity Name: ALLIED SPECIALTY CARE INC.

Current Principal Place of Business:

16850-112 COLLINS AVE
413
SUNNY ISLES, FL 33160

New Principal Place of Business:

442-D LORIMER STREET
188
BROOKLYN, NY 11206

Current Mailing Address:

16850-112 COLLINS AVE
413
SUNNY ISLES, FL 33160

New Mailing Address:

442-D LORIMER STREET
188
BROOKLYN, NY 11206

FEI Number: 65-0351509

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINEZ, GLADYS
16850-112 COLLINS AVE
413
SUNNY ISLES, FL 33160 US

Name and Address of New Registered Agent:

NARVAEZ, JENISE
4980 EAST SABAL PALM BLVD
324
TAMARAC, FL 33319 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: JENISE NARVAEZ

11/20/2008

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: P () Delete
Name: MARTINEZ, GLADYS
Address: 16850-112 COLLINS AVE #413
City-St-Zip: SUNNY ISLES, FL 33160

Title: SEC () Delete
Name: NARVAEZ, JENISE
Address: 16850-112 COLLINS AVE # 413
City-St-Zip: MIAMI, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MARTINEZ, GLADYS
Address: 4980 EAST SABAL PALM BLVD
City-St-Zip: TAMARAC, FL 33319

Title: SEC (X) Change () Addition
Name: NARVAEZ, JENISE
Address: 4980 EAST SABAL PALM BLVD
City-St-Zip: TAMARAC, FL 33319

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: GLADYS MARTINEZ

P

11/20/2008

Electronic Signature of Signing Officer or Director

Date