

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000112027

Entity Name: GALA LAWN CARE INC

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4126 47 AVE  
VERO BEACH, FL 32967

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 1661  
VERO BEACH, FL 32961

**New Mailing Address:**

FEI Number: 20-5453312

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CENTRO LATINO INC  
10632 S FEDERAL HWY  
PORT ST LUCIE, FL 34952 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: ALZIRAIDA LASALDE

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GALAVIZ, RAUL  
Address: 4126 47 AVE  
City-St-Zip: VERO BEACH, FL 32967

Title: VP  
Name: VASQUEZ GALAVIZ, SILVIA  
Address: 4126 47 AVE  
City-St-Zip: VERO BEACH, FL 32967

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: RAUL GALAVIZ

P

04/30/2011

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

\_\_\_\_\_  
Date