

# **2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N09000003988

**FILED**  
**Oct 04, 2010**  
**Secretary of State**

**Entity Name:** ANIMAL CARE AND HABITAT INC.

**Current Principal Place of Business:**

904 AVENIDA CENTRAL  
LADY LAKE, FL 32159

**New Principal Place of Business:**

**Current Mailing Address:**

904 AVENIDA CENTRAL  
LADY LAKE, FL 32159

**New Mailing Address:**

**FEI Number:** 26-4760345

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GARCIA, MYRIAM MRS.  
904 AVENIDA CENTRAL  
LADY LAKE, FL 32159 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:** MYRIAM GARCIA

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** ARTEAGA, MARIO DR.  
**Address:** 904 AVENIDA CENTRAL  
**City-St-Zip:** LADY LAKE, FL 32159

**Title:** VP  
**Name:** GARCIA, MYRIAM MRS.  
**Address:** 904 AVENIDA CENTRAL  
**City-St-Zip:** LADY LAKE, FL 32159

**Title:** SEC  
**Name:** GALIANO, ROSA MRS.  
**Address:** 904 AVENIDA CENTRAL  
**City-St-Zip:** LADY LAKE, FL 32159

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** MYRIAM GARCIA

VP

10/04/2010

Electronic Signature of Signing Officer or Director

Date