

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000085381

Entity Name: GUSTAVO SCAVINO, PA

**FILED**  
**Dec 13, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4137 SW 14TH STREET  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

4137 SW 14TH STREET  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

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

SCAVINO, GUSTAVO  
4137 SW 14TH STREET  
CORAL GABLES, FL 33134 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: GUSTAVO SCAVINO

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: SCAVINO, GUSTAVO  
Address: 4137 SW 14TH STREET  
City-St-Zip: CORAL GABLES, FL 33134

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: GUSTAVO SCAVINO

OWN

12/13/2011

Electronic Signature of Signing Officer or Director

Date