

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000006395

Entity Name: G.A.A. NURSING INC.

FILED  
Dec 03, 2009  
Secretary of State

**Current Principal Place of Business:**

12996 SW 218 TER  
MIAMI, FL 33170

**New Principal Place of Business:**

**Current Mailing Address:**

12996 SW 218 TERR  
MIAMI, FL 33170

**New Mailing Address:**

12996 SW 218 TER  
MIAMI, FL 33170

FEI Number: 26-1747173

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BORJAS, GUSTAVO  
12996 SW 218 TERR  
MIAMI, FL 33170 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: GUSTAVO BORJAS

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: BORJAS, GUSTAVO  
Address: 12996 SW 218 TERR  
City-St-Zip: MIAMI, FL 33170

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GUSTAVO BORJAS

P

12/03/2009

Electronic Signature of Signing Officer or Director

Date