

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000013870

**FILED**  
**Nov 16, 2011**  
**Secretary of State**

**Entity Name:** GUILLERMO NARVARTE INC.

**Current Principal Place of Business:**

9500 BONITA BEACH ROAD  
SUITE 111  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

694 8TH STREET NORTH  
NAPLES, FL 34102

**Current Mailing Address:**

9500 BONITA BEACH ROAD  
SUITE 111  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

PO BOX 2196  
BONITA SPRINGS, FL 34133

**FEI Number:** 26-3865350

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NARVARTE, GUILLERMO MD  
3041 SANDPIPER BAY CIRCLE  
H201  
NAPLES, FL 34112 US

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

NARVARTE, GUILLERMO MD  
620 ORCHID DRIVE  
NAPLES, FL 34103 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:** GUILLERMO NARVARTE

11/16/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** NARVARTE, GUILLERMO MD  
**Address:** 694 8TH STREET NORTH  
**City-St-Zip:** NAPLES, FL 34102

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:** GUILLERMO NARVARTE

MD

11/16/2011

Electronic Signature of Signing Officer or Director

Date