

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P12000067462

Entity Name: GAVIOTA CARE INC

**FILED**  
**Nov 04, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

2461 AVERGLADES BLVD. NE  
NAPLES, FL 34120 US

**New Principal Place of Business:**

**Current Mailing Address:**

2461 AVERGLADES BLVD. NE  
NAPLES, FL 34120 US

**New Mailing Address:**

FEI Number: 46-0714169

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

D & H NOTARY SERVICES LLC  
234 DANBY RD  
LEHIGH ACRES, FL 33936 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: DIANA B ALVAREZ

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ORTEGA, VIVIAN  
Address: 2461 EVERGLADES BLVD. NE  
City-St-Zip: NAPLES, FL 34120 US

Title: VP  
Name: PALACIO, JUAN C  
Address: 2461 EVERGLADES BLVD. NE  
City-St-Zip: NAPLES, FL 34120 US

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: VIVIAN ORTEGA

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

P

11/04/2013

\_\_\_\_\_  
Date