

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

13 DEC 26 PM 5:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P12000095754

1. Corporation Name

**GULFCOAST ANIMAL CARE, INC.**

REINSTATEMENT \_\_\_\_\_

2. Principal Office Address - No P.O. Box #

**91 Ready Avenue**

Suite, Apt. #, etc.

3. Mailing Office Address

**91 Ready Avenue**

Suite, Apt. #, etc.

City & State

**Fort Walton Beach, FL**

City & State

**Fort Walton Beach, FL**

Zip

**32548**

Country

**USA**

Zip

**32548**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

November 16, 2012

5. FEI Number

**90-0910090**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (11/10)

7. Name and Address of Current Registered Agent

Name

**John R. Caito**

Street Address (P.O. Box Number is Not Acceptable)

**91 Ready Avenue**

Suite, Apt. #, Etc.

City

**Fort Walton Beach**

State

**FL**

Zip Code

**32548**

800255021728  
12/26/13--01028--011 \*\*750.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

*John R. Caito*

REGISTERED AGENT MUST SIGN

Date

*Dec 20-13*

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	John R. Caito	91 Ready Avenue	Fort Walton Beach, FL 32548

DEC 20 2013

C. CARROTHERS

10. E-mail Address: john@gcanimalcare.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*John R. Caito*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*Dec 20-13*

Daytime Phone #

850-612-0179