

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUN -8 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P05000061259**

1. Corporation Name

YOVANI GARCIA, PA

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

335 S. Biscayne Blvd.

Suite, Apt. #, etc.

Apt. 3001

City & State

Miami FL

Zip

33131

Country **USA**

MIAMI-DADE

3. Mailing Office Address

335 S. Biscayne Blvd.

Suite, Apt. #, etc.

Apt. 3001

City & State

Miami FL

Zip

33131

Country

USA

REINSTATEMENT

08-10

4. Date Incorporated or Qualified To Do Business in Florida

4/25/2008

5. FEI Number

20-2732922

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

YOVANI GARCIA

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

335 S. BISCAYNE BLVD.

Suite, Apt. #, Etc.

APT 3001

City

MIAMI

State

FL

Zip Code

33131

PROFIT CORPORATIONS ONLY

The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Yovani Garcia

REGISTERED AGENT MUST SIGN

Date **4-28-2010**

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
DR PVT	Yovani Garcia	335 S. Biscayne Blvd. Apt. 3001 m	miami, FL, 33131
		06/9	

10. E-mail Address: **YOVANI GARCIA @ GMAIL . 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., 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.

SIGNATURE:

Yovani Garcia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Yovani Garcia

Date **4/28/2010**

Daytime Phone # **305 962 4069**