


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 NOV 23 PM 1:44

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P96000081094**

1. Corporation Name

J. C. GARCIA ENTERPRISES, INC.

Principal Place of Business

Mailing Address

16221 STATE ROAD 7 #106
 DELRAY BEACH FL 33447

16221 STATE ROAD 7 #106
 DELRAY BEACH FL 33447

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

~~7706 South Fed. Hwy.~~
 Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

~~7706 South Fed. Hwy.~~
 Suite, Apt. #, etc.

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida **09/27/1996**

5. FEI Number **65-0697234** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

City & State

~~Hypoloxo, Florida~~

City & State

~~Hypoloxo, Florida~~

Zip **33462** Country **Palm Beach**

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	GARCIA, JOSE C	16221 STATE ROAD 7 STE 106	DELRAY BEACH FL

100002698601--7
~~12/01/98 01031 026~~
 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GARCIA, JOSE C
 16221 STATE ROAD 7 #106
 DELRAY BEACH FL 33447

Name
 Street Address (P.O. Box Number is Not Acceptable)
7706 South Fed. Hwy.
 Suite, Apt. #, Etc.

City **Hypoloxo** State **FL** Zip Code **33462**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent **JOSE C GARCIA** REGISTERED AGENT MUST SIGN

Date **11/19/98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax.)

12. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), F.S. 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: **JOSE C GARCIA**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11/19/98 (5201)** Daytime Phone #

CR2E040 (9/98)