

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 OCT -9 PM 1:12

DOCUMENT # 540394 (4)

1. Corporation Name

KRISGARFARE, INC.

2. Principal Office Address - No P.O. Box #  
7332-7348 N.W. 8TH ST.

3. Mailing Office Address  
5835 W. 12TH CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
MIAMI, FL

City & State  
HIALEAH, FL

Zip Country  
33126 US

Zip Country  
33012 US

4. Date Incorporated or Qualified  
To Do Business in Florida 06/09/1977

5. FEI Number 59-2364324

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  
GARZIA, WILLIAM D.

Street Address (P.O. Box Number is Not Acceptable)  
5835 W. 12TH CT.

Suite, Apt. #, Etc.

City  
HIALEAH

State Zip Code  
FL 33012

☒ The 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

*William D. Garzia*

Date 10/07/2008

REGISTERED AGENT MUST SIGN

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
P	GARZIA, WILLIAM D.	5835 W. 12TH CT.	HIALEAH, FL 33012
V	CHRISTENSEN, JOHN	17942 N.W. 68TH AVE.	MIAMI, FL 33015

10. 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 contained in Chapter 119, 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:

*John Christensen*  
JOHN CHRISTENSEN

DATE:

10/7/08 (305) 362-6634  
DAYTIME PHONE #