

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

APPROVED
AND
FILED

98 APR 27 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 608898

1. Corporation Name

GARSER ENTERPRISES, INC.

Principal Place of Business

Mailing Address

2740 W. 3rd Ave.
Hialeah, FL 33010

2740 W. 3rd Ave.
Hialeah, FL 33010

000002507190--3
-05/01/98--01008--019
****315.00 ****315.00

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 1/29/79	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-1922440	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	Garcia Jesus	14221 S.W. 22 St.	Miami, FL 33175
VPD	Garcia, Jose L.	11470 S.W. 5 St.	Miami, FL 33174
SD	Gonzalez, Dania	8645 S.W. 133 Pl.	Miami, FL 33183

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Jose L. Garcia 11470 S.W. 5 St. Miami, FL 33174	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City
	State FL
	Zip Code

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

REGISTERED AGENT MUST SIGN

Date 03/23/98

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)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2

GARSER ENTERPRISES, INC.
2740 W. 3rd AVE.
HIALEAH, FL 33010

March 12, 1998

FLORIDA DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

RE: GARSER ENTERPRISES, INC.
DOCUMENT 608898

Dear Sirs:

We are writing this letter to ask you for a reduction of the penalty or fees imposed in the reinstatement of our corporation.

We believe that we never received your Annual Report form for 1997. It was not our intention to omit this payment. We have always paid our annual report fee on time.

We respectfully ask for a reduction of this penalty.

Sincerely yours,



Jesus Garcia