

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 NOV -2 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900161901199
10/19/09--01064--001 **\$16.25

CR2E041 (10/08)

DOCUMENT # LQ6000100878

1. Limited Liability Company's Name

Garcia "LLC"

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

5336 McCarty Ct

Suite, Apt. #, etc.

City & State

NAPLES, FL

Zip

34113

Country

Collier

3. Mailing Office Address

3016 Peter Ave

Suite, Apt. #, etc.

A

City & State

NAPLES

Zip

34112

Country

Collier

4. State/Country of Formation

NAPLES, Florida

5. Date Organized or Qualified
To Do Business in Florida

10-17-06

6. FEI Number

870784926

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Ramon Garcia Jr

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

3016 Peter Ave # A

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34112

☐ A \$100 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 \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Ramon Garcia Jr

REGISTERED AGENT MUST SIGN

Date 10-16-0

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Ramon Garcia Jr	3016 Peter Ave #A	NAPLES, FL 34112
MGRM	Ramon Garcia Sr	3016 Peter Ave #A	NAPLES, FL 34112
MGRM	Tony Garcia	3016 Peter Ave #A	NAPLES, FL 34112
REINSTATEMENT-08409			

900161901199
10/19/09--01064--002 **\$5.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Ramon Garcia Jr

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager