APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

98 AUG 31 AM 8:11

Read Instructions on Other Side Before Making Entries

Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation. DOCUMENT # L90987

Garcia's Creation, Inc.
4047 Okeechobee Boulevard
West Palm Beach, Florida 33409

W98-17609

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment. TALLAHASSEE, FLORIDA

Address

Address

City and State

Zip Code

3. Date Incorporated or Qualified To Do Business in Florida	4. FEI Number	FEI Number Applied For	5. $8.75 Additional Fee required for a Certificate of Status
8/23/96	65-0355796	FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and/or Director

1 Title	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 and State
D	Frank Garcia	233 Hampton Place	Jupiter, Florida 33458

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-09/09/98--01033--022
***1050.00 ***1050.00

REINSTATEMENT 96-98 FS 9f4

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

Frank Garcia
233 Hampton Place
Jupiter, Florida 33458

8. Name and Address of New Registered Agent and/or Office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City and State FL. Zip

9. 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 Frank Garcia Date 8/21/98
REGISTERED AGENT MUST SIGN

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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., and that all fees owed by the corporation 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 Officer or Director Frank Garcia Date 7/30/98 Daytime Phone # (561) 373-1862
Frank Garcia, Owner

CR2E047 (9/95)