

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 AUG -7 PM 12: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L90987

1. Corporation Name

GARCIA'S CREATION, INC.

2. Principal Office Address

4047 Okeechobee Blvd.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL 33409

Zip

33409

Country

USA

3. Mailing Office Address

17962 Alexander Run

Suite, Apt. #, etc.

City & State

Jupiter, Florida 33478

Zip

33478

Country

USA

REINSTATEMENT

99-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/30/90

SP

5. FEI Number

65-0355796

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

Frank Garcia

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

17962 Alexander Run

Suite, Apt. #, Etc.

City

Jupiter

State

FL

Zip Code

33478

600003372326-7

-08/24/00--01090--012

****900.00 ****900.00

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

Frank Garcia
REGISTERED AGENT MUST SIGN

Date 8-1-00

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 |
|---------|--------------------------------------|---|------------------------|
| D, P, S | Garcia Frank | 17962 Alexander Run | Jupiter, Florida 33478 |
| T | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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 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:

Frank Garcia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(561) 744-7897

Daytime Phone #

CR2E081 (9/99)