

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 11 PH 1:08

DOCUMENT # **M04176**

1. Corporation Name

MONTERO & GARCIA CORP.

Principal Place of Business

Mailing Address

2450 SW 137TH AVENUE
S-221
MIAMI FL 33175

2450 SW 137TH AVENUE
S-221
MIAMI FL 33175



REINSTATEMENT

98-00

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

08/20/1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2439557

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$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	MONTERO ESCOBAR, LUIS	AVENIDA COLOMBIA #3-35	SAN ANDRES ISL CO
PD	GARCIA DE MONTERO, E.	AVENIDA COLOMBIA #3-35	SAN ANDRES ISL COL
SDV	MONTERO GARCIA, LUIS A.	AVENIDA COLOMBIA #3-35	SAN ANDRES ISL COL
TD	MONTERO GARCIA, AQUILES	AVENIDA COLOMBIA #3-35	SAN ANDRES ISL COL
PD	GARCIA DE MONTERO, E.	AVENIDA COLOMBIA #3-35	SAN ANDRES ISL CO
			000003406660--5 -09/27/00--01072--005

8. Name and Address of Current Registered Agent

LARRAZABAL, LUIS CASIMIRO
821 S.E. 2 PLACE
HIALEAH FL 33010

9. Name and Address of Registered Agent

Name
Marcia B. Caballero Esq.
Street Address (P.O. Box Number is Not Acceptable)
2450 S.W. 137th Avenue
Suite, Apt. #, Etc.
Suite 221
City
Miami
State
FL
Zip Code
33175

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

SIGNATURE REQUIRED

Date

5/15/00

REGISTERED AGENT MUST SIGN

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.)

AD

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/15/00 (205) 553-8020

CR2E040 (9/98)