

To: 'FL Dept. of State'
Subject: 001518.69922

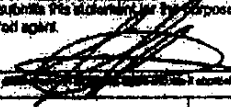
From: Katie Wonsch

Tuesday, June 12, 2007 12:54 PM Page: 2 of 2

H07000155754 3
SECRETARY OF STATE
DIVISION OF CORPORATIONS

**2007 FOR PROFIT CORPORATION
REINSTATEMENT**

07 JUN 12 PM 2:15

DOCUMENT # M63443			
1. Entry Name GARROSAN CORPORATION			
Principal Place of Business C/O MACHADO, MARIA, CPA 999 PONCE DE LEON BLVD., #1100 CORAL GABLES, FL 33134 US		Mailing Address C/O MACHADO, MARIA, CPA 999 PONCE DE LEON BLVD., #1100 CORAL GABLES, FL 33134 US	
2. Principal Place of Business - No P.O. Box #		2. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 52-1583192		Applied for ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
		Name Ricardo Fraga Street Address (P.O. Box Number is Not Acceptable) c/o Greenberg Traurig, P.A. 1221 Brickell Avenue, Suite 2400 City Miami FL Zip Code 33131	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE	
FILE NUMBER: FILE IS \$300.00		In accordance with § 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
1. ☐ Delete D SANTANA, OTTI G PLAZA DEL DESENBRIDOR I ESC 13A 28003 MADRID, SP		☐ Change ☐ Addition	
2. ☐ Delete D SANTANA, OTTI G PLAZA DEL DESENBRIDOR I ESC 13 28003 MADRID, SP		☐ Change ☐ Addition	
3. ☐ Delete		☐ Change ☐ Addition	
4. ☐ Delete		☐ Change ☐ Addition	
5. ☐ Delete		☐ Change ☐ Addition	
6. ☐ Delete		☐ Change ☐ Addition	
7. ☐ Delete		☐ Change ☐ Addition	
8. ☐ Delete		☐ Change ☐ Addition	
9. ☐ Delete		☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the officer or director empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment to an address with all other officers empowered.			
SIGNATURE: 		H07000155754 3	
SIGNATURE AND TYPE OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR		Date	

REINSTATEMENT

06-07

To: 'FL Dept. of State '
Subject: 001518.69922

From: Katie Wonsch

Tuesday, June 12, 2007 12:54 PM Page: 1 of 2

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H07000155754 3)))



H070001557543ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

001518. 69922

CORPORATION REINSTATEMENT

GARROSAN CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$900.00

\$300.00

*Penalty fee waived, see
attached filing.*

Electronic Filing Menu

Corporate Filing Menu

Help