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SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUN 12 PM 2: 15

2007 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT 06-07

DOCUMENT # M63443

1. Entity Name
GARROSAN CORPORATION

04122007 REIN-P CR2E098 (1/07)

Principal Place of Business	Mailing Address
C/O MACHADO, MARIA, CPA 999 PONCE DE LEON BLVD. #1100 CORAL GABLES, FL 33134 US	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 #	3. 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 ____________ (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 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	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SANTANA, OTTI G		NAME	
STREET ADDRESS	PLAZA DEL DESENBIDOR I ESC 13A		STREET ADDRESS	
CITY-ST-ZIP	28003 MADRID, SP		CITY-ST-ZIP	
TITLE	PST	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SANTANA, OTTI G		NAME	
STREET ADDRESS	PLAZA DEL DESENBRIDOR I ESC 13		STREET ADDRESS	
CITY-ST-ZIP	28003 MADRID, SP		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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 receiver or trustee 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 with an address, with all other like empowered.

SIGNATURE: ____________ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

H07000155754 3

Florida Department of State

Division of Corporations
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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

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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.

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