

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 DEC 20 PM 12:09

DOCUMENT # **M 64109** **W01-27748**

1. Corporation Name

GAARIL INC.

2. Principal Office Address

2900 W 12 AVE

Suite, Apt. #, etc.

City & State

HAIALEAH FL

Zip

33012

Country

DADE

3. Mailing Office Address

2900 W 12 AVE

Suite, Apt. #, etc.

City & State

HAIALEAH FL

Zip

33012

Country

DADE

REINSTATEMENT ^B
00-01

4. Date Incorporated or Qualified To Do Business in Florida

01/06/88

5. FEI Number

65-0052047

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

CARMEN FERNANDEZ

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

2900 W 12 AVE

Suite, Apt. #, Etc.

800004749058-8

-01/03/02-01042-024

*****900.00 ***900.00**

City

HAIALEAH

State

FL

Zip Code

33012

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

Carmen Fernandez

REGISTERED AGENT MUST SIGN

Date

11/10/01

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
DPST	CARMEN FERNANDEZ	2900 W 12 AVE	HAIALEAH FL 33012

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)(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:

Carmen Fernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-13-01

Daytime Phone #

CR2E081 (9/00)