

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

FILED

REINSTATEMENT



Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

02 DEC 19 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M64109

1. Corporation Name

GAARIL INC.

Principal Place of Business

Mailing Address

2900 WEST 12TH AVENUE
HIALEAH FL 33014

2900 WEST 12TH AVENUE
HIALEAH FL 33014



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

01/06/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0052047

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPST	FERNANDEZ, CARMEN	2900 WEST 12TH AVENUE	HIALEAH FL 33014
			200009581552 12/18/02--01062--002 **150.00

PK 12/23

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FERNANDEZ, CARMEN
2900 WEST 12TH AVENUE
HIALEAH FL 33014

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

Carmen Fernandez
REGISTERED AGENT MUST SIGN

Date 12-17-02

11. 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

12-17-02
Date Daytime Phone #

CR2E040 (8/02)

December 16, 2002

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLA. 32314

REFERENCE #M641109 GAARIL INC. 65-0052047

I THE UNDERSIGNED CARMEN FERNANDEZ PRESIDENT OF GAARIL INC. LOCATED AT 2900 WEST 12 AVE #1-2, HIALEAH, FLORIDA, 33012 BY THIS MEANS CERTIFY:

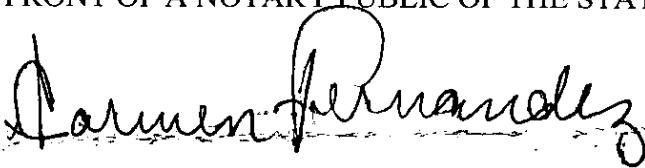
THAT WHEN I PAID ON JANUARY 7, 2002 WITH CHECK #4641, I THOUGHT I WAS PAYING FOR 2001 AND 2002 BEFORE THAT I NEVER RECEIVED ANY MAIL, THAT IS WHY I AM SO SURPRISE.

I SPOKE WITH BARBARA ON 12/16/2002 AT THE PHONE #850-245-6059 WITH THE DEPARTMENT OF STATE, DIVISION OF CORPORATIONS AND SHE EXPLAINED EVERYTHING AND I UNDERSTOOD HER.

PLEASE EXCUSE ME AND I PROMISE YOU IT WON'T HAPPEN AGAIN..

PLEASE NOTE THAT YOU DO NOT HAVE MY SUITES NUMBER 1 & 2.

AND TO VERIFY THE ABOVE INFORMATION I AM SIGNING THIS LETTER IN FRONT OF A NOTARY PUBLIC OF THE STATE OF FLORIDA.



CARMEN FERNANDEZ

STATE OF FLORIDA
COUNTY OF DADE
SWORN AND SUBSCRIBED BEFORE ME
THIS DECEMBER 16 OF THE YEAR 2002


NOTARY PUBLIC

