

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 24 AM 9:41

DOCUMENT # **M64109**

1. Corporation Name

**GAARIL INC.**

Principal Place of Business

**2900 WEST 12TH AVENUE  
HIALEAH FL 33014**

Mailing Address

**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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**01/06/1988**

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. 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 3	City / State / Zip 4
DPST	FERNANDEZ, CARMEN	2900 WEST 12TH AVENUE	HIALEAH FL 33014

8. Name and Address of Current Registered Agent

**FERNANDEZ, CARMEN  
2900 WEST 12TH AVENUE  
HIALEAH FL 33014**

9. Name and Address of New Registered Agent

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*  
**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

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

Date

Daytime Phone #

CR2E040 (7/03)

# State of Florida Department of State

## CERTIFICATE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION

The below named corporation having failed to file its 2003 corporation annual report/uniform business report, in accordance with Florida Statutes, is hereby administratively dissolved or revoked effective September 19, 2003.

Corporation Name: **GAARIL INC.**

Document Number: **M64109**

Given under my hand and the  
Great Seal of the State of Florida,  
at Tallahassee, the Capital, this the  
19<sup>th</sup> day of September, 2003.



*Glenda E. Hood*

**Glenda E. Hood**  
Secretary of State

OCTOBER 16, 2003

FLORIDA DEPARTMENT OF STATE  
GLEND A. HOOD  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

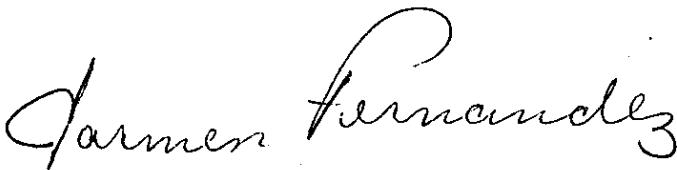
I THE UNDERSIGNED CARMEN FERNANDEZ OWNER OF GAARIL INC.  
LOCATED AT 2900 WEST 12 AVENUE #1, HIALEAH, FLA. 33012 BY THIS  
MEANS CERTIFY:

THAT I HAVE NOT RECEIVED THE UNIFORM BUSSINES REPORT THAT I  
HAVE TO FILE ON 2003.

AS YOU CAN SEE IN THE INFORMATION THAT YOU HAVE IS NOT  
COMPLETE BECAUSE OUR SUITE IS #1 AND THIS IS A SHOPPING CENTER  
NAMED: PORTOFINO SHOPPING CENTER WITH DIFFERENT SUITES  
NUMBERS.

ATTACHED I AM SENDING YOU THE CHECK FOR \$150.00 PLUS IF YOU  
NEED TO CONTACT ME FOR FURTHER INFORMATION CALL AT  
(305) 887-8075

SINCERELY

A handwritten signature in cursive script that reads "Carmen Fernandez". The signature is written in dark ink and is positioned above the printed name.

CARMEN FERNANDEZ