

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

03 JAN 19 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000076209

1. Corporation Name

International Transgar, Inc.

2. Principal Office Address

4995 N.W. 72 Avenue

Suite, Apt. #, etc.

Suite 206

City & State

Miami, FL

Zip

33166

Country

U.S.

3. Mailing Office Address

4995 N.W. 72 Avenue

Suite, Apt. #, etc.

Suite 206

City & State

Miami, FL

Zip

33166

Country

U.S.

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/11/00

5. FEI Number

65-1035975

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

Ernesto E. Garcia Garcia

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

4995 N.W. 72 Avenue

Suite, Apt. #, Etc.

Suite 206

City

Miami

State
FL

Zip Code

33166

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

REGISTERED AGENT MUST SIGN

Date

1-6-03

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
PTD	Ernesto E. Garcia Garcia	4995 N.W. 72 Avenue #206	Miami, FL 33166
VSD	Delia Garcia	4995 N.W. 72 Avenue #206	Miami, FL 33166

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ernesto E. Garcia P.O.A. 1-6-03 305 599-8939

December 27, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Reinstatement Form
International Transgar, Inc.
P00000076209

Dear Sirs;

Enclosed please find a completed Reinstatement Form for International Transgar, Inc.. This Company's official address (2519 Golf View Drive, Weston, FL 33327) has not been valid for receiving correspondence since December of 2000.

As a result, the missing reports were never received.

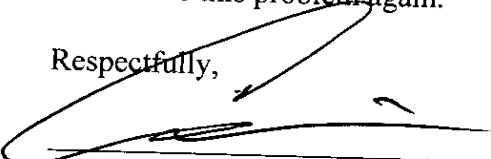
We were notified by a potential creditor that the Company has been dissolved.

We spoke to the Reinstatement department today and they recommended we pay the back dues (\$300.00) submit the Reinstatement Form and send a letter of explanation which we have now done.

We respectfully request that the penalties be waived and that you accept our application and fees to correct this matter.

Our application now shows the correct mailing address. Furthermore, we understand that a new \$150.00 fee will be due in early 2003. We will pay it on time and hope to never have this problem again.

Respectfully,



Carlos E. Garcia P.O.A.