

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIBR
2001 + 2002



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

FILED

02 MAY -3 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000093179

1. Corporation Name

GARBOSO, Inc.

2. Principal Office Address

3209 A BIRDWELL CT

Suite, Apt. #, etc.

3. Mailing Office Address

3209 A BIRDWELL CT

Suite, Apt. #, etc.

City & State

LAUREL, MD.

City & State

LAUREL, MD.

Zip

20724

Country

U.S.A.

Zip

20724

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

10/03/2000

5. FEI Number

59-3677648

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

Leopoldo Azpurrar Sr.

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

4321 S.W. 8th PL.

Suite, Apt. #, Etc.

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-05/06/02--01001--002

****150.00 ****150.00

City

GAINESVILLE

State
FL

Zip Code

32608

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 4/29/02

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
PRES	PAUL GARRIDO	3209 A BIRDWELL CT LAUREL, MD, 20724	LAUREL, MD, 20724
VP	COSETTE BUSARETS	3209 A BIRDWELL CT	LAUREL, MD, 20724

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****150.00 ****150.00

T. Lewis 5/3/02

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

PAUL GARRIDO

04/29/02

Date

(301) 523 7285

Daytime Phone #

CR2E081 (9/01)