

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 18 PM 12:51

DOCUMENT # P00000093295

1. Corporation Name

GARCIA & PARTNERS RELOCATION SERVICES INC.

Principal Place of Business

P O BOX 310281
MIAMI FL 33231-0281

Mailing Address

P O BOX 310281
MIAMI FL 33231-0281

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

09/29/2000

5. FEI Number

65-1047464

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
D	GARCIA, ELDRED	P O BOX 310281	MIAMI FL 33231
D	GARCIA, VIRGINIA H	P O BOX 310281	MIAMI FL 33231

100004662491--1
-11/01/01--01035019
****150.00 ****150.00

8. Name and Address of Current Registered Agent

GARCIA, ELDRED
2400 BRICKELL AVENUE
SUITE 105D
MIAMI FL

9. Name and Address of New Registered Agent

Name

GARCIA ELDRED

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

210 SOMERSET WAY

Suite, Apt. #, Etc.

City

WESTON

State

FL

Zip Code

33326

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.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 10.16.01

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:

[Signature] ELDRED GARCIA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.16.01

Date

3058987731

Daytime Phone #

CR2E040 (8/01)

292

Garcia & Partners Relocation Services
P.O. Box 310281
Miami, FL 33231-0281

October 16, 2001

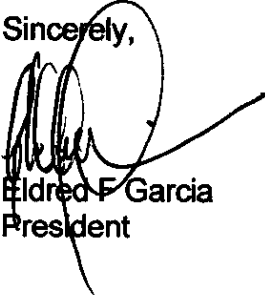
DIVISION OF CORPORATIONS
ANNUAL REPORT / REINSTATEMENT SECTION
P.O. BOX 6327
TALLAHASSEE, FL. 32314-6327

Dear Sir or Madam:

I respectfully request to have the corporation Garcia & Partners Relocation Services reinstated and have our late registration fees waived, as I have not received prior notices before the one enclosed. As a new corporation, we have been diligently adhering to all the filing dates and have not filed simply due to not having received notification.

If there are any additional procedures we may perform to ensure that this does not occur in the future please let us know so we can immediately adopt them.

Sincerely,



Eldred F. Garcia
President