

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 901000028192

1. Corporation Name

DEMETRIO GARCIA ENTERPRISES, INC

WD4000041296

2. Principal Office Address

16288 SW 8 ST

Suite, Apt. #, etc.

3. Mailing Office Address

16288 SW 8 ST

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

City & State

PEMBROKE PINES, FL

Zip

33027

Country

USA

Zip

33027

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

NOV 2001

5. FEI Number

30-0068425

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$975 Additional Fee required  
for a Certificate of Status

FILED

05 JAN 19 AM 10:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-08

7. Name and Address of Current Registered Agent

Name

DEMETRIO GARCIA

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

16288 SW 8 ST

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33027

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]*

Date 12/01/04

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
PD	DEMETRIO GARCIA	16288 SW 8 ST	Pembroke Pines, FL 33027
STD	TERESA GARCIA	SAME	SAME

700045481307  
01/27/05--01/04--013 \*\*\$600.00

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 #

(954) 262-7642