

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ppp br

APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 10:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000041452

1. Corporation Name

GARCIA CONCRETE FINISH, INC.

Principal Place of Business

Mailing Address

664 ACAPULCA WAY  
ALTAMONTE SPRINGS FL 32714

664 ACAPULCA WAY  
ALTAMONTE SPRINGS FL 32714

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/23/2001

5. FEI Number

59-3714852

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
PD	GARCIA, MARCOS T	664 ACAPULCA WAY	ALTAMONTE SPRINGS FL 32714

7000008629317  
10/28/02--01098--026 \*\*150.00

02 UBR 1178

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GARCIA, MARCOS T  
664 ACAPULCA WAY  
ALTAMONTE SPRINGS FL 32714

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

SIGNATURE REQUIRED  
MARCO S GARCIA  
REGISTERED AGENT MUST SIGN

Date

10-23-02

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 REQUIRED  
MARCO S GARCIA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-02

Date

Daytime Phone #

CR2E040 (8/02)

02/07/02

October 23, 2002

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314-6327

To whom it may concern:

I am Marcos Garcia owner of Garcia Concrete Finish Inc. I am sending you this letter because I have never received anything from you this year about the \$150.00 fee. I had no idea you thought my business was dissolved. I have been running my business since I went incorporated on 4/23/2001. I talked to a representative at telephone #850-245-6059, she told me to send this letter explaining what happened. Please accept the check enclosed to reinstate my business. Thank you for your time in this matter.

Sincerely,

*Marcos Garcia*

Marcos Garcia, Owner  
Garcia Concrete Finish Inc.

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