

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000073507

1. Corporation Name

GARI REAL ESTATE, INC.

2. Principal Office Address - No P.O. Box #

306 ALCAZAR AVE

Suite, Apt. #, etc.

SUITE 302

City & State

MIAMI FL

Zip
33134

Country
USA

3. Mailing Office Address

306 ALCAZAR AVE

Suite, Apt. #, etc.

SUITE 302

City & State

MIAMI FL

Zip
33134

Country
USA

7. Name and Address of Current Registered Agent

Name
ALBERT P. VEGA, C.P.A., P.A.

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

306 ALCAZAR AVE

Suite, Apt. #, Etc.

SUITE 302

City
MIAMI

State
FL

Zip Code
33134

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 **10-24-2007**

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
DPT	IGNACIO G. RODRIGUEZ	306 ALCAZAR AVE SUITE 302	MIAMI FL 33134
S	DARRELL R. LESAGE	306 ALCAZAR AVE SUITE 302	MIAMI FL 33134

200112083272
11/07/07--01042--006 **300.00

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 contained in Chapter 119, 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

10-24-2007

Date

Daytime Phone #

FILED

07 OCT 30 PM 12:03

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-07

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida

07/24/2001

5. FEI Number

65-1141023

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

10/20