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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JAN 22 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

700027404247
01/22/04--01023--012 **300.00

REINSTATEMENT 03-04

DOCUMENT # P02000029143

1. Corporation Name

VICTOR GARCIA INC

2. Principal Office Address	3. Mailing Office Address
1755 N JOG RD	
Suite, Apt. #, etc.: #-204	Suite, Apt. #, etc.
City & State: WEST PALM BEACH FL	City & State
Zip: 33411 / Country: PALM BEACH	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 2002 MAR 18

5. FEI Number: 04-3625766 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ — $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: VICTOR GARCIA

Street Address (P.O. Box Number is Not Acceptable): 1755 N JOG RD

Suite, Apt. #, Etc.: # 204

City: W. PALM BEACH — State: FL — Zip Code: 33411

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: X Victor Garcia — Date: X 12-30-03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
P/D	VICTOR GARCIA	1755 N JOG RD #204	W PALM BEACH FL 33411

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: X Victor Garcia — X 12-30-03 — 561-723-2834

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

P-02000029143

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12-30-03

To: Whom it may concern

I talk to someone at ~~the~~ your OFFice who told me to enclose $~~150.00~~ 300.00 rg. check and this note stateting that I ~~the~~ did not receive the 2 Letters you send me because you guys where not aware of my address change ~~to~~ so you could ~~could~~ waive the $300.00 dollars so the total is $~~150.00~~ 300.00 rg.

Victor Garcia