

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

06 APR -7 AM 8:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

192

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000074683

1. Corporation Name  
GUSTAVO G. Garcia P.A.

2. Principal Office Address  
1466 Shelter Rock Rd

3. Mailing Office Address  
1466 Shelter Rock Road

Suite, Apt. #, etc. \_\_\_\_\_

City & State  
Orlando, FL

City & State  
Orlando FL

Zip Country  
32835 U.S.A.

Zip Country  
32835 U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida  
7/8/2002

5. FEI Number  
030471009

Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$6.75 Additional fee required for a Certificate of Status

CR2E081 (12/05)

REINSTATEMENT 0506

7. Name and Address of Current Registered Agent

Name  
Gustavo G. Garcia

Street Address (P.O. Box Number is Not Acceptable)  
1466 Shelter Rock Road

Suite, Apt. #, Etc. \_\_\_\_\_

City  
Orlando

State  
FL

Zip Code  
32835

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 \_\_\_\_\_ Date 03/30/2006

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>P</u>	<u>GUSTAVO G. Garcia</u>	<u>1466 Shelter Rock Road</u>	<u>Orlando, FL. 32835</u>

400074057944  
05/05/06--01030--007 \*\*\*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] Date 03/30/2006 (407) 523-7957

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*GUSTAVO G. GARCIA P.A.*  
*P02000074683*

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*March 29, 2006*

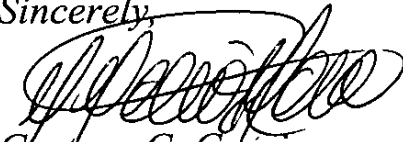
*To Whom It May Concern:*

*This letter is to request removal of Reinstatement Penalties put upon my corporation.*

*I did not receive any of the Annual Report and that is why I did not make the annual payments. Now, I wish to reinstate my Corporation and I am enclosed check for the amount of \$300 for the year 2005 and 2006.*

*If you have any questions, please call me.*

*Sincerely,*

  
*Gustavo G. Garcia*