

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 JUL 30 AM 9:51

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000104614

1. Corporation Name

GARIC USA CORPORATION

REINSTATEMENT

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

801 Brickell Key Blvd.

3. Mailing Office Address

354 Sevilla Avenue

Suite, Apt. #, etc.

#1607

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Coral Gables, Florida

Zip

33131-3717

Country

USA

Zip

33134-6615

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/26/02

5. FEI Number

20-1388828

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jaime A. Suarez, C.P.A.

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

354 Sevilla Avenue

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33134-6615



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.

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 **07/27/07**

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
D	Eric Joaquin Freitag	801 Brickell Key Blvd., #1607	Miami, FL 33131-3717
D	Juan Pedro Freitag	801 Brickell Key Blvd., #1607	Miami, FL 33131-3717
D	Julia D. V. M. de Freitag	801 Brickell Key Blvd., #1607	Miami, FL 33131-3717

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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:

JULIA D.V.M. DE FREITAG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/27/07

Date

305-448-5255

Daytime Phone #