

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000026924

1. Corporation Name

GARCIA & GARCIA DESIGN, INC.

2. Principal Office Address

8992 NW 112 TERRACE

Suite, Apt. #, etc.

City & State

HIALEAH GARDENS, FLORIDA

Zip
33018

Country
USA

3. Mailing Office Address

8992 NW 112 TERRACE

Suite, Apt. #, etc.

City & State

HIALEAH GARDENS, FLORIDA

Zip
33018

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

MARCH 7, 2003

5. FEI Number

38-3675391

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

ESTHER GARCIA

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

8992 NW 112 TERRACE

Suite, Apt. #, Etc.

City

HIALEAH GARDENS, FLORIDA

State

FL

Zip Code

33018

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

1/30/06

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	VICTOR A. GARCIA	8992 NW 112 TERRACE	HIALEAH GARDENS, FLORIDA 33018
V	ESTHER GARCIA	8992 NW 112 TERRACE	HIALEAH GARDENS, FLORIDA 33018

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

Date

1/30/06 (786) 346-6193

Daytime Phone #

FILED

06 FEB -3 PM 4:28

SECRET
TALLAHASSEE, FLORIDA

REINSTATEMENT

04-06