

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 18 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000091919

1. Corporation Name

LUIS GARCIA GENERAL REPAIR, CORP.

18634 SW 47 PLACE
18634 SW 47 PLACE

2. Principal Office Address

18634 SW 47 PLACE

3. Mailing Office Address

18634 SW 47 PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33051

Country

USA

Zip

33051

Country

USA

REINSTATEMENT 04

400041937574
10/18/04--01060--003 **150.00

**4. Date Incorporated or Qualified
To Do Business in Florida** 08/21/2003

5. FEI Number
75-3171108

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

LUIS E. GARCIA

Street Address (P.O. Box Number is Not Acceptable)
18634 NW 47 PLACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33051

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/15/2004

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	LUIS E. GARCIA	18634 NW 47 PLACE	MIAMI, FL 33051
S	ELENA GARCIA	18634 NW 47 PLACE	MIAMI, FL 33051
D	YENTH'L GARCIA	18634 NW 47 PLACE	MIAMI, FL 33051

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/2004

Date

786-355-5096

Daytime Phone #

CR2E081 (07/04)

Miami, Oct 15th, 2004

**Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314**

**Re: LUIS GARCIA GENERAL REPAIR, CORP.
Doc Number P03000091919**

Dear Sir or Madam:

Please find enclosed an application for reinstatement with our new address.

We have never received the 2004 Uniform Business Report. We think it was sent to a different location.

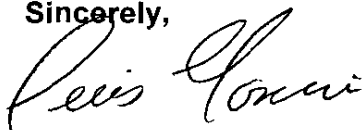
We are enclosing a check for \$ to cover the following fees:

2004 Uniform Business Report

We want to ask you for consideration and waive the penalty for reinstatement of our organization, which was incorporated in 2003.

Your consideration will be greatly appreciated.

Sincerely,



**Luis Garcia
President
18634 NW 47th Place
Miami, FL 33051**