

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

05 MAR 11 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000148454

1. Corporation Name

GARCIA IMPACTO CORPORATION
4393 CLINTON BLVD.
LAKE WORTH, FL. 33461

2. Principal Office Address

4393 CLINTON BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

4393 CLINTON BLVD.

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL.

City & State

LAKE WORTH, FL.

Zip

33461

Country

U.S.A

Zip

33461

Country

USA

REINSTATEMENT

04-05

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

✓ 20-0471260

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

RUBEN GARCIA

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

4393 CLINTON BLVD.

Suite, Apt. #, Etc.

City

LAKE WORTH

State

FL

Zip Code

33461

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

Rubén Garcia

REGISTERED AGENT MUST SIGN

Date

03/08/05

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	RUBEN GARCIA	4393 CLINTON BLVD.	LAKE WORTH, FL. 33461
VP	JUAN J. GARCIA	3812 MERCURIO DR.	LAKE WORTH, FL. 33461
S	NESTOR F. VALLAJOS	2510 10 TH AVE. NO #101F	LAKE WORTH, FL. 33461

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:

Rubén Garcia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-8-05

Daytime Phone #

13182

CR2001 (2/00)

PJ 292

March 8, 2005

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Re: Garcia Impacto Corporation
P0300014854
Reinstatement

To Whom It May Concern:

Enclosed find check for \$300.00 to pay for the 2004 and 2005 Annual Report. We never received the original notice and did not know the corporation had been dissolved.

Sincerely,


Ruben Garcia