

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000120911

1. Corporation Name

CAPTAIN MICHAEL GARRIDO, INC.

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

6224 SW 132ND COURT

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33183

Country

3. Mailing Office Address

6224 SW 132ND COURT

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33183

Country

7. Name and Address of Current Registered Agent

Name

MICHAEL GARRIDO

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

6224 SW 132ND COURT

Suite, Apt. #, Etc.

City

MIAMI, FLORIDA

State

FL

Zip Code

33183

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 NOV. 10, 2008

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
pstd	Michael Garrido	6224 SW 132ND COURT	MIAMI, FLORIDA

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

11/10/2008 305 910-1791

Date

Daytime Phone #

FILED

08 NOV 14 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida

AUG 31, 2006

5. FEI Number

13-4305438

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.