2006 FOR PROFIT CORPORATION REINSTATEMENT

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ADDRESS	DOCUMENT # P05000126754 1. Entity Name GARCIGA, INC.						06 NOV 30 PM 2:51			
Sules, Appl. 4, etc. Sules	11901 SW 35 STREET 11901 SW 35 STRE							ALLAHASSEE, FL	ORIDA	
City Statio Country Zip Country St. Certificate of Status Deleted Registered Agent Registered Agent St. 75 Additional Registered Agent Registered Age	2. Principal P	ess	3. Mailing Address							
ZD - 3 C 9 13 Not Applicable ZD - 3 C 9 13 Not Applicable ZD - 3 C 9 13 Not Applicable Status Desired Status Desired St.75 Additional ROMERO, HUMBERTO 11901 SW 35 STREET MIAMI, FL 33175 Sinest Andrease (P O Bax Number is Not Acceptable) City FL Zip Code St. The above names only substitutive statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familier with, and acceptable in accordance with s. 507 193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE Is \$150.00 After January 1, 2007, Fee will be \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. NAME ROMERO, HUMBERTO Delice Int. NAME SIRETANDRES OTY-51-2P INT. INT. INT. INT. INT. INT. INT. INT	Suite, Apt. #, etc.			Suite, Apt. #, etc.			11202006	REIN-P CR2	E098 (11/05	76
Some and Address of Current Registered Agent F. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submitted by the chigations of registered agent, or both, in the State of Boods. I am families with, and acceptable in the chigations of registered agent, or both, in the State of Boods. I am families with, and acceptable in the chigations of registered agent, or both, in the State of Boods. I am families with, and acceptable in the chigations of registered agent, or both, in the State of Boods. I am families with, and acceptable in accordance with s. 807 193(2)(b). F.S. the corporation did not receive the prior indice. SIGNATURE PROMERO, HUMBERTO 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS In 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS In 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. IT IN	City & State			City & State						
Name Street Address (P.O. Box Number is Not Acceptable)	Zíp	Zíp Country		Zip Coun		try	5 Certificate of Status Desired \$8.75 Additional			
Street Address (P.O. Box Number is Not Acceptable) City	6. Name and Address of Current Registered Agent					Name	7. Name and	Address of New Registere	d Agent	
City FL Zp Code 6. The above named only subminary is statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the principle of the obligations of the principle obligations of the principle obligations of the obligations of the principle obligations of the obligations of the principle obligations of the principle obligations of the principle obligations of the principle obligations	11901 SW	35 STRE				Street Address (P.O. Box Number is Not Acceptable)				
8. The above named entity subminings statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registrated right.	MIAMI, FL 331/5									
the obligations of registred fields. 11									L	
TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-S	FiL After Jan		FEE IS \$150.00 07, Fee will be \$30	0.00	TE: Registere	ed Agent signature requ		In accordance with s. 6 corporation did not reco	07.193(2)(b), eive the prior	F.S., the notice.
NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP		Р	OFFICERS A				ADDITIONS	/CHANGES TO OFFICERS A		
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee emony red to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 10 or Block 11 in the composition of the corporation or the receiver or trustee emony red to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 10 or Block 11 in the corporation or the receiver or trustee emony red to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 10 or Block 11 in the corporation or the receiver or trustee emony red to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 10 or Block 11 in the corporation or the receiver or trustee emony red to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 10 or Block 11 in the corporation or the receiver or trustee emony red to execute this report as required by Chapter 607, Florida Statutes.	NAME STREET ADDRESS			☐ Delete	NAM STRE	EET ADDRESS			Change	☐ Addition
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	12. I hereby of indicated of the conchanged	certify that the don this reporporation or to or on an att	e information supplied of ort or supplemental repo he receiver or trustee et achment with an address	with this filing does not qualify find is true and accurate and that many field to execute this report of the all other like empowered	or the exi my signa rt as requ d.	emptions containe ture shall have the ired by Chapter 60	d in Chapter 11! same legal effe 17, Florida Statut	9. Florida Statutes, I further of ct as if made under oath; that es; and that my name appear	certify that the it t I am an office rs in Block 10 c	nformation r or director or Block 11 if
	SIGNAT	TURE: 1	SIGNATURE INTO TYPED	OR PRINTED NAME OF SIGNING OFFICE	R OR DIREC	TOR		11/20/2006	Daytime Phone #	