

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000126980

Entity Name: GARPE INV. CORP.

FILED
Feb 19, 2009
Secretary of State

Current Principal Place of Business:

2665 24TH AVE. SE
NAPLES, FL 34117

New Principal Place of Business:

360 15TH ST SW
NAPLES, FL 34117

Current Mailing Address:

2665 24TH AVE. SE
NAPLES, FL 34117

New Mailing Address:

360 15TH ST SW
NAPLES, FL 34117

FEI Number: 87-0783298

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INFANTE, GIOVANNI G
2665 24TH AVE. SE
NAPLES, FL 34117 US

Name and Address of New Registered Agent:

INFANTE, GIOVANNI G
360 15TH ST SW
NAPLES, FL 34117 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GIOVANNI G. INFANTE

02/19/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: OD () Delete
Name: INFANTE, GIOVANNI G
Address: 2665 24TH AVE. SE
City-St-Zip: NAPLES, FL 34117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OD (X) Change () Addition
Name: INFANTE, GIOVANNI G
Address: 360 15TH ST SW
City-St-Zip: NAPLES, FL 34117

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GIOVANNI G. INFANTE

OD

02/19/2009

Electronic Signature of Signing Officer or Director

Date