

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 APR -5 PM 2:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

**P93000038257**

1. Corporation Name

RAC services of South Florida Corp

2. Principal Office Address

400 N. Flagler Dr

Suite, Apt. #, etc.

1702

City & State

West Palm Beach  
FL

Zip

33401

Country

USA

3. Mailing Office Address

400 N. Flagler Dr

Suite, Apt. #, etc.

1702

City & State

West Palm Beach  
FL

Zip

33401

Country

USA

**REINSTATEMENT** P9-00

4. Date Incorporated or Qualified  
To Do Business in Florida

5/24/1993

5. FEI Number

65-0448088

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

GARCIA, Anthony J.

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

400 So Flagler Dr.

Suite, Apt. #, Etc.

1702

City

West Palm Beach

State

FL

Zip Code

33401

700003213557-9

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\*\*\*\*300.00 \*\*\*\*300.00

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 3-31-00

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
PTD	GARCIA, Anthony J	400 So Flagler Dr	WPB, FL 33401
SD	GARCIA, Stephen P.	400 So Flagler Dr	WPB, FL 33401
VPD	GARCIA, John M	400 So. Flagler Dr.	WPB, FL 33401

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 included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

John M GARCIA

Date

3-31-00

Daytime Phone #

561 833-6144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/98)