

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 NOV 25 PM 3:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000021111**

**1. Corporation Name**

**GARDEN PLAZA, INC.**

**2. Principal Office Address**

**1771 MARSEILLE DRIVE**

Suite, Apt. #, etc.

City & State

**MIAMI BEACH, FL**

Zip

**33155**

Country

**US**

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

**65-0477773**

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

**KATIA CALZADO**

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

**2100 N.W. 107th STREET**

Suite, Apt. #, Etc.

City

**MIAMI**

State

**FL**

Zip Code

**33167**

**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

**[Signature]**

Date

REGISTERED AGENT MUST SIGN

**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
PRES	KATIA CALZADO	2100 N.W. 107th STREET	MIAMI, FL 33167

**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:

**[Signature: Katia Calzado]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11/18/03**

Date

Daytime Phone #

CR2E081 (10/02)

20P2

November 18, 2003

Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Fl. 32399

**REF: Garden Plaza, Inc.**  
**1771 Marseille Drive**  
**Miami Beach, Florida 33141**  
**Document #P94000021111**  
**FLD: 03/18/1994**  
**Administrative Dissolution: 09/19/2003**

Attn: Annual Report and Reinstatement Department

I am requesting to reinstate this corporation. I am a new owner of this business and I assumed that this corporation was renewed by the acting accountant. I never received anything in the mail to inform me that this corporation was not active. If you could please waive the penalty fees and accept the enclosed payment of \$158.75 for reinstatement for the year 2003. I am also enclosing the reinstatement form along with the fees.

Thank you for your assistance,

  
Katia Calzado

KC;bms