

APPLICATION
FOR
REINSTATEMENT



Figure 1: Schematic representation of the experimental design. The diagram shows a sequence of events: 'Stimulus presentation' (a box with a question mark), 'Response' (a box with a question mark), 'Feedback' (a box with a question mark), and 'Inter-trial interval' (a box with a question mark). The sequence is repeated for multiple trials.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT

DOCUMENT # P95-61546

1. Corporation Name

Corporation Name INTERNATIONAL TRUCK YAUCA, INC.

Principal Place of Business

Mailing Address

1225 Bennett Drive 1035 OLLIFF WAY
Suite 145 - Longwood Oviedo, FL 32765

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

Suite Ant. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/01/2001

Do Business in Florida
August 8, 1995

5. FEI Number

Applied For

590-21-1245

Not Applicable

6. CERTIFICATE OF STATUS DESIRED) ☐

**\$6.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
President	GUSTAVO G. GARCIA	1035 OLLIFF Way	Oviedo, FL. 32765
Director	LUIS G. GARCIA	1035 OLLIFF Way	Oviedo, FL. 32765
Director	Eliana M. GARCIA	1035 OLLIFF Way	Oviedo, FL. 32765
			500002238135--9 -07/15/97--01036--008 ****915.00 ****915.00

6. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GUSTAVO G. GARCIA
1035 OLLIFF WAY
Ouleto, FL. 32765

Name GUSTAVO GARCIA
Street Address (P.O. Box Number is Not Acceptable)
1035 OLLIFF Way
Suite, Apt. #, Etc.
City Quiedo State FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent _____

Date 03/20/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: GUSTAVO G. GARCIA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/20/97 (407) 365 1038