

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAR 11 PM 3:00

DOCUMENT # P95000072763

1. Corporation Name

GARSON INTERNATIONAL, INC.

2. Principal Office Address - No P.O. Box #

ONE GROVE ISLE DRIVE

3. Mailing Office Address

ONE GROVE ISLE DRIVE

Suite, Apt. #, etc.

APT# 1701

Suite, Apt. #, etc.

APT# 1701

City & State

COCONUT GROVE, FLORIDA

City & State

COCONUT GROVE, FLORIDA

Zip

33133

Country

USA

Zip

33133

Country

USA

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

09/18/1995

5. FEI Number
65-0625639

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

ROSA DIAZ

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

9330 NW 110 AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33178

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date FEBRUARY 27, 2009

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
PS	REMEDIOS DIAZ	ONE GROVE ISLE DRIVE # 1701	COCONUT GROVE, FLA 33133
T	ROSA DIAZ	9330 N.W. 110 AVENUE	MIAMI, FLORIDA 33178
VP	FAUSTO G. DIAZ	ONE GROVE ISLE DRIVE # 204	COCONUT GROVE, FLA 33133
VP	FAUSTO J. DIAZ	ONE GROVE ISLE DRIVE # 1701	COCONUT GROVE, FLA 33133
REINSTATEMENT 01-09, S 3/11/09 300145571039 03/11/09 01026 017 ***458.75			

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-887-0797

Daytime Phone #