

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
John W. Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000087018**

1. Corporation Name

GARSA ENTERPRISES, INC.

Principal Place of Business

501 BRICKELL KEY DRIVE
SUITE 400
MIAMI FL 33131

Mailing Address

501 BRICKELL KEY DRIVE
SUITE 400
MIAMI FL 33131

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/14/1995

5. FEI Number

65-0630634

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PS	GARCIA, JOSE R.	8700 NW 27TH AVENUE	MIAMI FL
VP	FERNANDEZ, EDUARDO	501 BRICKELL KEY DRIVE SUITE 400	MIAMI FL

600003038596--1
-11/08/99--01123--007
****150.00 ****150.00

SP

8. Name and Address of Current Registered Agent

FERNANDEZ, EDUARDO
501 BRICKELL KEY DRIVE
SUITE 400
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/08/99
Date

305 374 7080
Daytime Phone #

**SLOSBERGAS & FERNANDEZ
L.L.P.**

COURVOISIER CENTRE
501 BRICKELL KEY DRIVE, SUITE 400
MIAMI, FLORIDA 33131
E-MAIL ADDRESS: LAW@SLOSBERG-FERNANDEZ.COM



EDUARDO FERNANDEZ

FAX: (305) 374-2855
(305) 374-7080

October 29, 1999

RE: Garsa Enterprises, Inc., Fed Id # 65-0630634

To Whom It May Concern
Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear To Whom It May Concern:

Our bank has notified us that check # 3592, mailed to you on 2/25/99, and payable to the Department of State had never cleared. Accordingly we have cancelled that check and have issued the enclosed check # 3615 in the amount of \$150. Please waive the late fees as we had mailed our payment timely but must have apparently been lost.

Sincerely,

Walter Nunez
Office Manager