

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAR 31 PM 12:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # ~~650726794~~ P-96000021224

1. Corporation Name

GARRIN AND FACENDO ASSOCIATES, INC.

2. Principal Office Address

6950 Cypress Road

Suite, Apt. #, etc.

# 206

City & State

PLANTATION

Zip

33317

Country

US

3. Mailing Office Address

6950 Cypress Road

Suite, Apt. #, etc.

# 206

City & State

PLANTATION

Zip

33317

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

1995

5. FEI Number

650726794

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

MICHAEL A. FACENDO

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

6950 Cypress Road

Suite, Apt. #, Etc.

# 206

City

PLANTATION

State

FL

Zip Code

33317

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

*Michael Facendo*

REGISTERED AGENT MUST SIGN

Date 3/5/2003

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
PRESIDENT	MICHAEL A. FACENDO	1581 NW 100 WAY	PLANTATION, FL 33322

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:

*Michael Facendo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/5/2003

Daytime Phone #

CR2E081 (10/02)

**GARRIN and FACENDO ASSOCIATES, INC.**  
Real Estate Appraisers and Consultants

6950 Cypress Road, Suite 206  
Fort Lauderdale, Florida 33317

Tel: (954) 423-0801  
Fax: (954) 423-0870  
E-Mail: Info@garfac.com

March 25, 2003

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed please find a check in the amount of \$300.00 for the corporation reinstatement. The application and or uniform business report for reinstatement was never received for the year 2002. Please reinstate and change status to active.

Thank you for your cooperation.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael A. Facendo". The signature is fluid and cursive, with the first name "Michael" being more prominent and the last name "Facendo" following in a similar style.

Michael A. Facendo  
Garrin and Facendo Associates, Inc.