

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000102784

1. Corporation Name

GARAY MARKETING GROUP, INC.

Principal Place of Business

Mailing Address

9201 SW 75 STREET
MIAMI FL 33173

9201 SW 75 STREET
MIAMI FL 33173

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/19/1996

5. FEI Number

65-0713064

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
PTD	GARAY, ANGEL	9201 SW 75 STREET	MIAMI FL 33173
VD	GARAY, ALMA	9201 SW 75 STREET	MIAMI FL 33173
			400004668844--2 -11/06/01--01046--001 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

GARAY, ANGEL
9201 SW 75 STREET
MIAMI FL 33173

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

REGISTERED AGENT MUST SIGN

Date

10/12/01

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

ANGEL GARAY

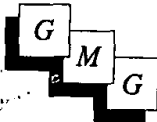
Date

10/12/01

Daytime Phone #

305-869-0096

CR2E040 (8/01)



GARAY MARKETING GROUP, INC.

2012

October 12, 2001

Department of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

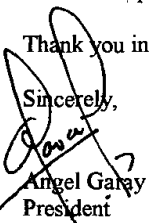
Dear Sir:

Enclosed you will find check# 2816 for the amount of \$150.00, also an application for reinstatement. I must inform you that we never received the Uniform Business Report originally and this is the reason we never send the payment on time.

We would appreciate your assistance in this matter.

Thank you in advance for your cooperation.

Sincerely,


Angel Garay
President