PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 FEB -2 PM 3: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 98000 104534

1. Corporation Name

Robert R. Garcia & Associates, Inc.

2. Principal Office Address
461 S. Commerce Ave
Suite, Apt. #, etc.

City & State
Sebring, FL
Zip 33870   Country USA

3. Mailing Office Address
461 S. Commerce Ave
Suite, Apt. #, etc.

City & State
Sebring, FL
Zip 33870   Country USA

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida   12/15/199?

5. FEI Number
65-0883704

Applied   SP
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 Robert R. Garcia

Street Address (P.O. Box Number is Not Acceptable)
461 S. Commerce Ave
Suite, Apt. #, Etc.

City Sebring,

State FL   Zip Code 33870

2000036615225 --5
-02/08/01--01043--024
****900.00   ****900.00

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 _____ Robert R. Garcia
REGISTERED AGENT MUST SIGN

Date 1/30/2001

CR2E081 (9/00)

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
P	Robert R. Garcia	461 S. Commerce Ave	Sebring, FL 33870
D	Rodney K. Elinor	461 S. Commerce Ave	Sebring, FL 33870

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: _____ Robert R. Garcia   1/30/2001   (863) 386-0333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #