

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB -5 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000104534**

1. Corporation Name
ROBERT R. GARCIA AND ASSOCIATES, INC.

Principal Place of Business Mailing Address
**461 SO. COMMERCE AVE.
SEBRING FL 33870** **461 SO. COMMERCE AVE.
SEBRING FL 33870**



REINSTATEMENT 02-03

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 | | 4. Date Incorporated or Qualified To Do Business in Florida | | 12/15/1998 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. -FEI Number | | Applied For | |
| City & State | | City & State | | 65-0883704 | | Not Applicable | |
| Zip | Country | Zip | Country | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | | \$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 |
|------------|-------------------------------------|--|---|
| P | GARCIA, ROBERT R | 461 SO. COMMERCE AVE. | SEBRING FL 33870 |
| D | ELINOR, RODNEY K | 461 SO. COMMERCE AVE. | SEBRING FL 33870 |
| | | | 300011797923 02/05/03--01011--006 **900.00 |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

GARCIA, ROBERT R
461 SO. COMMERCE AVE.
SEBRING FL 33870

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. or 617.0505, F.S.

Signature of Registered Agent

[Handwritten Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 1/31/2003

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:

[Handwritten Signature]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/2003 (863) 386-0333
Date Daytime Phone #

CR2E040 (8/02)