

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC -2 AM 10:34

DOCUMENT # P98000106104

1. Corporation Name

A. GARCIA, Inc.

2. Principal Office Address

442 SW 16th place
Suite, Apt. #, etc.

3. Mailing Office Address

442 SW 16th place
Suite, Apt. #, etc.

REINSTATEMENT 01-05
CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0698418

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

City & State

Deerfield Bch, FL

City & State

Deerfield Bch, FL

Zip

33441

Country

BROWARD

Zip

33441

Country

BROWARD

7. Name and Address of Current Registered Agent

Name

ARNALDO GARCIA

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

442 SW 16th place

Suite, Apt. #, Etc.

City

Deerfield Bch,

State

FL

Zip Code

33441

700061855397
12/02/05--01041--008 **1358.75

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 11/28/05

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 Director	ARNALDO GARCIA	442 SW 16th place	Deerfield Bch, FL 33441

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:

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

ARNALDO GARCIA

11/28/05

Date

(954) 425-8238

Daytime Phone #