

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000105168

1. Entity Name
THE GARPO GROUP, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 28 AM 10: 26

REINSTATEMENT 06



11162006 REIN-P CR2E098 (11/05)

Principal Place of Business
147 ALHAMBRA CIRCLE, #120
CORAL GABLES, FL 33134

Mailing Address
1825 PONCE DE LEON BLVD
442
CORAL GABLES, FL 33134

2. Principal Place of Business
2097 SW 67th AVENUE
Suite, Apt. #, etc.

3. Mailing Address
2097 SW 67th AVENUE
Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

4. FEI Number
65-0964898

Applied For
Not Applicable

Zip Country
33155 USA

Zip Country
33155 USA

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PENA, JOSE M
12651 S. DIXIE HWY
SUITE #323
MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
2097 SW 67th AVENUE
City MIAMI FL Zip Code 33155

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME PENA, JOSE M
STREET ADDRESS 12651 S. DIXIE HWY #323
CITY-ST-ZIP MIAMI, FL 33156

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2097 SW 67th AVENUE
CITY-ST-ZIP MIAMI, FLORIDA 33155

TITLE ☐ Change ☐ Addition
NAME 000082100490
STREET ADDRESS 11/28/06--01033--021 **150.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jose M. Pena
JOSE M. DENA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/22/06