

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC 16 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **681797**

1. Corporation Name
GUIVIS, INC.

Principal Place of Business 12555 BISCAYNE BLVD. P. O. BOX 492 NORTH MIAMI FL 33181	Mailing Address 12555 BISCAYNE BLVD. P. O. BOX 492 NORTH MIAMI FL 33181
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT *96*

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida 08/12/1980	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2027690	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PD	CORBO, GUILLERMO	12555 BISCAYNE BLVD.	N. MIAMI FL
STD	CORRO, MIS	12555 BISCAYNE BLVD.	N. MIAMI FL
			200002032932--0 -12/18/96--01102--006 ***375.00 ***375.00
			<i>JB12-11-96</i>

8. Name and Address of Current Registered Agent CORBO, GUILLERMO 5531 W. 6TH CT. HIALEAH FL 33012		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	
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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 *Guillermo Corbo* **REQUIRED** Date *11/14/96*
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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 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: *Guillermo Corbo* **REQUIRED** Date *11/22/96* Daytime Phone # *705 895 6556*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR