## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

**DIVISION OF CORPORATIONS** 

DOCUMENT # P02000087932

1. Corporation Name

## **GUIOMAR GAMERO CORPORATION**

Principal Place of Business

Mailing Address

782 NW LEJEUNE RD STE 439 MIAMI FL 33126

782 NW LEJEUNE RD STE 439

MIAMI FL 33126

FILED

03 NOV -5 AM 10: 16

SECRETARY OF STATE TALLAHASSEE FLORIDA

						j			
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. Data Incom	protect or Qualified		<del></del>
, , , , , , , , , , , , , , , , , , , ,			ia NARANJA			Date Incorporated or Qualified     To Do Business in Florida     08/14/2002			
Suite, Apt. #, etc. Suite, Apt. #									
# 57 City & State City & State						47-0898584		}	Applied For
			RATON						Not Applicable
Zip 33432 Country BROWARD 33432			Country BROWARD			CERTIFICATE OF STATUS DESIRED S8.75 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)									
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director				City / State / Zip		
D	GAMERO, ALONSO				<del>(E RD STE 489</del> NARANJA #	57	MIAMI FL 33126 BOCA RATON	स. <b>२</b> ०	3432
D	GAMERO, GUIOMAR			782 NW LEJEUNE RD STE 439 398 VIA NARANJA #			MAMIFE 33125- BOCA RATON	_	
								<u> </u>	
			1			710 11/05/	00244253 0301002007	347 **?	, 50.00
<u> </u>									
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent			
. (					Name	<del></del>			
CRUZ, ALEJANDRINA G					Street Address (P.O. Box Number is Not Acceptable)				
782 NW LEJEUNE RD STE 439					Chock had soo ( ) to Cook had hot hot hot hot by				
MIAMI FL 33126—					Suite, Apt. #, Etc.		man water in the		-
					City	<del></del>	Sta		Code
10. I, being	appointed the registered agent of the ab	ove named corpo	oration, arr	familiar w	ith and accept the ob	oligations of Secti	on 607.0505, F.S. or 617.05	= - i05, F.S.	
Signature o Registered	Agent R	EGISTERED					Date		
11. I certify this reins	that I am an officer or director or the rece statement application, the reason for diss	iver or trustee er olution has been	npowered eliminated	to execute I, the corp	this application as p prate name satisfies	rovided for in cha the requirements	apter 607 or 617, F.S. I furth of section 607.0401 or 617.	er certify 0401, F.	that when filing 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.

Phone

SCHOOLING GOLDEN GAMERO SIGNING OFFICER OR DIRECTOR

Daytime Phone #