

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC -5 AM 8:36

DOCUMENT # P04000147858

1. Corporation Name

STEVEN R. GUTIERREZ, INC

REINSTATEMENT 05-06

2. Principal Office Address

2510 N 26 TERR

Suite, Apt. #, etc.

City & State

Hollywood, FLORIDA

Zip

33020

Country

USA.

3. Mailing Office Address

1140 NE 14TH AVE.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FLA.

Zip

33304

Country

USA.

4. Date Incorporated or Qualified To Do Business in Florida

10.27.04

5. FEI Number

16-1709307

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name

STEVEN R GUTIERREZ

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

1140 NE 14TH AVE.

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33304

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

11.27.06

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
<u>PRES.</u>	<u>STEVEN R. GUTIERREZ</u>	<u>1140 NE 14TH AVE</u>	<u>FT. LAUD. FL. 33304</u>

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 contained in Chapter 119, 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

11.27.06

Date

(754)

368-9771

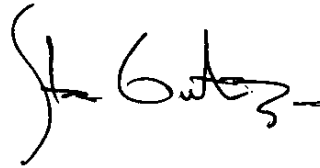
Daytime Phone #

11.28.06
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To: FLORIDA DEPT. OF STATE.
FROM: STEVEN R. GUTIERREZ.
(DOC # P04000147858)

PLEASE NOTE THAT I NEVER RECEIVED
ANY DOCUMENTATION THAT, STEVEN R GUTIERREZ, INC,
WAS BEING DISSOLVED. I AM REQUESTING TO
HAVE ANY LATE FEES WAIVED ON THAT BASIS.
ENCLOSED IS THE APPLICATION FOR REINSTATEMENT
AS WELL AS A MONEY ORDER FOR THE REINSTATEMENT.
FEES.

Thank You.



STEVEN R. GUTIERREZ.

