

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 OCT -2 PM 2:24

STATE
REINSTATEMENT


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10/02/09--01038--007 **450.00

CR2E081 (12/08)

07-09

REINSTATEMENT

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000147858

1. Corporation Name
Steven R. Gutierrez, Inc.

2. Principal Office Address - No P.O. Box # 2909 McKinley Street		3. Mailing Office Address 2909 McKinley Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hollywood, Florida		City & State Hollywood, Florida	
Zip 33020	Country USA	Zip 33020	Country USA

4. Date Incorporated or Qualified To Do Business in Florida **10-27-2004**

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

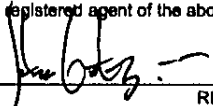
Street Address (P.O. Box Number is Not Acceptable)
2909 McKinley Street

Suite, Apt. #, Etc.

City **Hollywood** State **FL** Zip Code **33020**

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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.

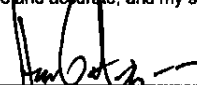
Signature of Registered Agent  Date **09-24-09**

REGISTERED AGENT MUST SIGN

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
Pres	Steven R. Gutierrez	2909 McKinley Street	Hollywood/Florida/33020

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:  Steven R. Gutierrez Date **09-24-09** Daytime Phone # **754-368-9771**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25