

2009

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2009 NOT-PROFIT CORPORATION

ANNUAL REPORT

09 APR 14 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 744978 GUAIMARO LODGE, INC

1. Corporation Name **LOGIA GUAIMARO, INC.**

2. Principal Office Address - No P.O. Box #
1883 SW 1 STREET

3. Mailing Office Address
1883 SW 1 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State

Zip
33135

Country
Dade

Zip

Country

000149770450
04/14/09--01002--035 **70.00
CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
65-0034510

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
Manuel Marino

Street Address (P.O. Box Number is Not Acceptable)
2990 SW 21 Terrance

Suite, Apt. #, Etc.
Duplex

City
Miami

State
FL

Zip Code
33145

☐ 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

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
PD	Mario Ponce Mazola	7455 SW39 Street	Miami, Fl. 33145
TD	Mario Roque de Escobar	3066 SW 16 Street	Miami, Fl. 33145
SD	Manuel Marino Llaveria	2990 SW 21 Terrance	Miami, Fl. 33145

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:

Manuel Marino

MANUEL MARINO

04/07/09

305-444-0710

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/09