
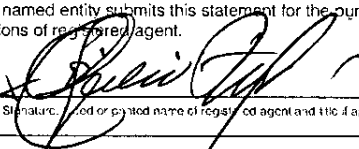
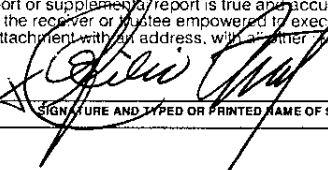


# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 OCT 11 AM 8:00

REINSTATEMENT 04

DOCUMENT # 746843					
1. Entity Name MUNICIPALITY OF GUANE IN EXILE, INC.					
Principal Place of Business 18340 NW 62 AVENUE #201 MIAMI, FL 33015			Mailing Address 18340 NW 62 AVENUE #201 MIAMI, FL 33015		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PINON, ORFILIO 2151 S.W. 21ST STREET MIAMI, FL 33145				Name (same) Street Address (P.O. Box Number is Not Acceptable) 18340 NW 62 Avenue City Miami FL Zip Code 33015	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 				DATE 10/05/04	
FILE NOW!!! FEE IS \$61.25 After January 1, 2005, Fee will be \$122.50				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONILA, FLORES			NAME	700041768907
STREET ADDRESS	1525 TREVINO AVE			STREET ADDRESS	10/11/04--01017--024 **70.00
CITY-ST-ZIP	CORAL GABLES, FL 33174			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINON, ORFILIO			NAME	
STREET ADDRESS	2151 SW 21ST STREET			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33145			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YUT, PAULAN			NAME	
STREET ADDRESS	2841 SW 120 RD			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33175			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALACIOS, ARTURO			NAME	
STREET ADDRESS	7171 S.W. 15TH ST			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33174			CITY-ST-ZIP	
TITLE	V	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INVICRNO, CELEDONIO			NAME	
STREET ADDRESS	493 EAST 30 ST			STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 33013			CITY-ST-ZIP	
TITLE	VT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINC, INES			NAME	
STREET ADDRESS	8341 SW 12 TERR			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplement to report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or without the empowered.					
SIGNATURE: 				DATE 10/05/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	