PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 MAR 17 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F09000004344

1. Corporation Name

GUINLU CORP.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
133 NE 2ND AVE	133 NE 2ND AVE
Suite, Apt. #, etc. # 2810	Suite, Apt. #, etc. # 2810
City & State MIAMI - FL	City & State MIAMI - FL
Zip 33132 Country USA	Zip 33132 Country USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida 11/04/2009

5. FEI Number 98-0621987 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED No Thanks — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CORPORATE CREATIONS NETWORK, INC.

Street Address (P.O. Box Number is Not Acceptable): 11380 PROSPERITY FARMS ROAD #221E

Suite, Apt. #, Etc.:

City: PALM BEACH GARDENS State: FL Zip Code: 33410

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: Kristine Duran, Special Secretary Date: 03/17/2015

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
CP	NUDENBERG, GUILLERMO J	133 NE 2ND AVE # 2810	MIAMI, FL 33132
VC	URE, MARIA L	133 NE 2ND AVE # 2810	MIAMI, FL 33132
	REINSTATEMENT		S. HAWKES
	2013-2014		MA . AM
			EXAMINER

10. E-mail Address: govdocs@corpcreations.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE: Kristine Duran, Attorney-in-Fact 03/17/2015 561-694-8107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

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CORPORATION REINSTATEMENT
GUINLU CORP.

Certificate of Status	0
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