

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**L0000005307**

03 MAR 31 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. DOCUMENT # L00000005307

Name and Mailing Address

0010915 01 FP 0.352 \*\*PRST H2 0 0615 32837-472708



GUEVARA INVESTMENTS, L.L.C.  
14208 ISLAMORADA DRIVE  
ORLANDO FL 32837-4727



3/31 2002-2003

2. New Mailing Address 1005 WEST OAK RIDGE RD. City, State, Zip ORLANDO, FL, 32809		4. State/Country of Formation FL	
Principal Place of Business 14208 ISLAMORADA DRIVE ORLANDO FL 32837		5. Date Organized or Qualified To Do Business in Florida 05/09/2000	
3. New Principal Place of Business Address 1005 WEST OAK RIDGE RD. City, State, Zip ORLANDO, FL 32809		6. FEI Number 59-3645578 Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent CUEVAS, ANDREW ESQ CUEVAS & RUBIN PA		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 536 BILTMORE WAY. City CORAL GABLES FL Zip Code 33134	
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*Andrew Cuevas*

REGISTERED AGENT MUST SIGN

Date 01-15-13

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	GUERRA, JOSE BERNARDO	14208 ISLAMORADA DR.	ORLANDO FL 32837
MGRM	FERRERA, MARIA CRISTINA	14208 ISLAMORADA DR.	ORLANDO FL 32837

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

*Jose B. Guerra*

Date 01-15-03

Daytime Phone # (407) 851-4678

Typed or printed name of signing Managing Member/Manager

JOSE GUERRA

CR2E084 (8/02)