

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 APR 25 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000020522

1. Limited Liability Company's Name

Guillermo Guerra, LLC.

2. Principal Office Address - No P.O. Box #

15610 15th Street

Suite, Apt. #, etc.

City & State

Dade City, FL

Zip 33523

Country USA

3. Mailing Office Address

15610 15th Street

Suite, Apt. #, etc.

City & State

Dade City, FL

Zip 33523

Country USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

3/5/2004

6. FEI Number

83-0389394

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Guillermo Guerra

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

15610 15th Street

Suite, Apt. #, Etc.

City

Dade City

State

FL

Zip Code

33523

A \$100 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 \$100 reinstatement be waived.

9. 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

Guillermo Guerra

REGISTERED AGENT MUST SIGN

Date

4/19/07

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>MEM</u>	<u>Maria E. Guerra</u>	<u>15610 15th Street</u>	<u>Dade City, FL 33523</u>
			<u>300101973199</u> <u>05/09/07--01006--005 **155.00</u>
			<u>REINSTATEMENT 05-07</u>

11. 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

Maria E. Guerra

Date

4/19/07

Daytime Phone #

(813) 312-5748

Typed or printed name of signing Managing Member/Manager

Maria E. Guerra