


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M 30700			
1. Corporation Name GUANIMAR CORP.			
2. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3. Mailing Office Address 2555 Collins Ave Suite, Apt. #, etc. # 2414 City & State MIAMI BEACH Zip Country 33140 FLA	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500061663885
11/23/05--01021--022 **300.00

REINSTATEMENT **11-05**

4. Date Incorporated or Qualified To Do Business in Florida 4/18/1986	Applied For <input type="checkbox"/>
5. FEI Number 59-2666054	Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name LILY MACHIN	
Street Address (P.O. Box Number is Not Acceptable) 2555 COLLINS AVE II	
Suite, Apt. #, Etc. # 2100	
City MIAMI BEACH	State Zip Code FL 33140

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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 Lily Machin	Date 11/18/05
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
PO	LUISA MONTESINO	2555 Collins Ave #2414	Miami Beach, FL 33140
SD	Lily MACHIN	2555 Collins Ave #2100	Miami Beach, FL 33140
TD	ERNESTO MONTESINO	2555 COLLINS AVE #2414	MIAMI BEACH, FL 33140

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 under section 119.07(3)(i), 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: Luisa Montesino SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 11/18/05	Daytime Phone # 305-673-8048
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B. Mitchell NOV 23 2005

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November 18th, 2005

Florida Department of State
State of Florida
Division of Corporations

Re: Guanimar Corp.
Document # M30700
FEI# 59-2666054

Attention: Department of Reinstatement

Enclosed please find an application for reinstate for the above mention Corporation due to the fact that we did not receives the notice for the year 2004-2005

As per our phone conversation, we are sending the dues requested and the new address for the future years.

Thank you for your cooperation


Luisa Montesino
305-673-8048