

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 SEP 22 PM 2:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **NO10000001942**

1. Corporation Name

**GUYAMERICA INC**

**REINSTATEMENT 02-03**

2. Principal Office Address

**12873 S.W. 207 TER**

Suite, Apt. #, etc.

3. Mailing Office Address

**12873 S.W. 207 TER**

Suite, Apt. #, etc.

City & State

**MIAMI FL**

City & State

**MIAMI FL**

Zip

**33177**

Country

**USA**

Zip

**33177**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**MARCH 20<sup>TH</sup> 2001**

5. FEI Number

Applied For  
☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

**FITZ WALTON**

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

**12873 S.W. 207 TERRACE**

Suite, Apt. #, Etc.

City

**MIAMI**

State

**FL**

Zip Code

**33177**

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date **SEPT 18<sup>TH</sup> 2003**

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
P	<b>FITZ, H. WALTON</b>	<b>12873 S.W. 207 TER</b>	<b>MIAMI, FL 33177</b>
VP	<b>FRANCINE WALTON</b>	<b>12873 S.W. 207 TER</b>	<b>MIAMI, FL 33177</b>
S/T	<b>JENNIFER CALLENDER</b>	<b>17401 S.W. 89<sup>TH</sup> ST.</b>	<b>MIAMI, FL 33157</b>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SEPT 18<sup>TH</sup> 2003 305/969-1422**

Date Daytime Phone #

CR2E081 (10/02)