


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> <u>ND 3512</u>			
<b>1. Corporation Name</b> <u>FRIENDS OF GUSMAN CENTER, INC.</u>			
<b>2. Principal Office Address</b> <u>174 E. Flagler Street</u> Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> <u>25 S.E. 2nd Ave</u> Suite, Apt. #, etc. <u>415</u>	
<b>City &amp; State</b> <u>Miami, FL</u>		<b>City &amp; State</b> <u>Miami, FL</u>	
<b>Zip</b> <u>33131</u>	<b>Country</b>	<b>Zip</b> <u>33131</u>	<b>Country</b>

**FILED**

**03 FEB 20 PM 3: 02**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**100009875511**  
03/06/03--01056--017 \*\*70.00

**REINSTATEMENT**

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> <u>6/5/84</u>	<b>Applied For</b> <input checked="" type="checkbox"/> <b>Not Applicable</b>
<b>5. FEI Number</b> <u>59-2455510</u>	<b>Applied For</b> <input checked="" type="checkbox"/> <b>Not Applicable</b>
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>		
<b>Name</b> <u>CLYDE WILLIS</u>		
<b>Street Address (P.O. Box Number is Not Acceptable)</b> <u>ONE SE 3rd AVE</u>		
<b>Suite, Apt. #, Etc.</b> <u>2100</u>		
<b>City</b> <u>MIAMI</u>	<b>State</b> <u>FL</u>	<b>Zip Code</b> <u>33131</u>

**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**

Clyde Willis

**Date** 12/30/02

**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
D	BOBBY GUSMAN	25 S.E. 2nd AVE Suite 415	Miami, FL 33131
D	CLYDE WILLIS	25 S.E. 2nd Ave Suite 415	Miami, FL 33131
D	Mike Wharton	174 E. Flagler Street	Miami, FL 33131
D	Art Noriega	190 NE 3rd Street	Miami, FL 33132

**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:**

Clyde Willis

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

12/30/02

**Date**

(954) 467-5490

**Daytime Phone #**

CR2E081 (9/01)