2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
05 JUN -7 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000001685

1. Entity Name
GUATEMALAN MAYA QUETZAL ORGANIZATION, INC. (GMQO)

Principal Place of Business	Mailing Address
P.O. BOX 7013 WEST PALM BEACH, FL 33405	P.O. BOX 7013 WEST PALM BEACH, FL 33405

10282004 REIN-NP CR2E099 (6/04)

REINSTATEMENT 04-05

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
66-0433524
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, MARIO DDS
6695 CONCH COURT
BOYNTON BEACH, FL 33437

7. Name and Address of New Registered Agent

Name: Carlos Cisneros
Street Address (P.O. Box Number is Not Acceptable): 3716 Merrill Ave
City: WPB FL 33405 FL
Zip Code:

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] DDS
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

100055988251
06/10/05--01093-013 **297.00
5/10/05
DATE

FILE NOW!! FEE IS $91.25
After January 1, 2005, Fee will be $122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CISNEROS, CARLOS 609 PILGRIM RD WEST PALM BEACH, FL 33405	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Victoriano Abac, VPD 4157 161 Jera N Loxahatchee FL 33470	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HERNANDEZ, MARIO DR 4911 SOUTH DIXIE HWY WEST PALM BEACH, FL 33405	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Carlos Cisneros 3716 Merrill Ave WPB FL 33405	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VIELMANN, MILHEN 902 SOUTH F ST LAKE WORTH, FL 33460	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Omar Galindo 4116 Park lane Lake worth FL 33460	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV ABAC, VICTORIANO 1311 FOLSON RD LOXAHATCHEE, FL 33470	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Amilcar Lopez SD PO Box 1006 Indiantown FL 34956	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT ENCINOSA, BELCI 241 COSTELLO RD WEST PALM BEACH, FL 33405	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Diego Gaspar D 1309 Fernlea Dr. W-P-B FL 33417	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GASPAR, DIEGO 1309 FERNLEA DRIVE WEST PALM BEACH, FL 33417	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Ninfa Diaz D PO Box 7013 WPB FL 33405	☐ Change ☑ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] DDS — 5/10/05 — (561) 371-1374
SIGNATURE AND TYPED OR PRINTED NAME OF INCOMING OFFICER OR DIRECTOR — Date — Daytime Phone #

9/6/18

OCT-28-04(THU) 12:06 FISCAL OFFICE 850-245-6015