


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	<div style="font-size: 2em; font-weight: bold;">FILED</div> <div style="font-weight: bold;">2013 AUG 28 AM 7:08</div> <div style="font-weight: bold;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>
DOCUMENT # <u>N930000001685</u>			
1. Corporation Name <u>GUATEMALAN MAYA QUETZAL ORGANIZATION, INC. (G.M.Q.O.)</u>			
2. Principal Office Address - No P.O. Box # <u>3716 MERRILL AVE</u> <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address <small>Suite, Apt. #, etc.</small>	
<u>WEST PALM BEACH, FL.</u> <small>City & State</small>		 <small>City & State</small>	
Zip <u>33405</u>	Country	Zip	Country
		4. Date Incorporated or Qualified To Do Business in Florida	
		5. FET Number	
		Applied For <input type="checkbox"/> 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 <u>CARLOS CISNEROS</u> Street Address (P.O. Box Number is Not Acceptable) <u>709 LOVI DR.</u> <small>Suite, Apt. #, Etc.</small> <u>APARTAMENT 313</u> <small>City</small> <u>PALM SPRINGS</u>		<div style="text-align: center;"> 500251183945 08/28/13--01033--009 **\$20.00 </div>	
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 <u>[Signature]</u>		Date <u>7-31-13</u> 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
<u>CEO</u>	<u>Eduar Suchite</u>	<u>6080 Forest Hill Blvd</u>	<u>W-P-B, FL 33415</u>
<u>VICE PRES</u>	<u>Amilcar Lopez</u>	<u>14752 168th AVE.</u>	<u>INDIAN TOWN FL 33956</u>
<u>SECRETARY</u>	<u>Flor Estrada</u>	<u>5985 Belvedere Rd</u>	<u>W.P.B.FL 33413</u>
<u>VOCA</u>	<u>Emiliano Lopez</u>	<u>627 1/2 32 ST</u>	<u>W.P.B.FL 33407</u>
<u>VOCA</u>	<u>WILMER R. GARCIA</u>	<u>709 LOVI DR AP 313</u>	<u>PALM SPRINGS FL 33461</u>
10. E-mail Address: <u>CISNEROS5039@Yahoo.com</u> <small>(To be used for future annual report notification)</small>			
11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate; and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.			
SIGNATURE: <u>[Signature]</u>		Date <u>7-31-13</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

 CC
 8/29