

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN -4 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000013359**
1. Corporation Name **GUANABO Investment, Inc.**

2. Principal Office Address 1531 NW 16 AVE Suite, Apt. #, etc. #501 City & State MIAMI, FLORIDA Zip 33125 Country U.S.A.		3. Mailing Office Address 1531 NW 16 AVE Suite, Apt. #, etc. #501 City & State MIAMI, FLORIDA Zip 33125 Country U.S.A.	
---	--	---	--

REINSTATEMENT 02-04

4. Date Incorporated or Qualified To Do Business in Florida 02-07-2000	
5. FEI Number 650980850	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name PEDRO FERNANDEZ	
Street Address (P.O. Box Number is Not Acceptable) 1531 NW 16 AVE	
Suite, Apt. #, Etc. #501	
City MIAMI	State FL Zip Code 33125

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 **Pedro Fernandez** Date **5/28/2004**
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
P	PEDRO FERNANDEZ	1531 NW 16 AVE #501	MIAMI, FL 33125

300037671073
06/04/04 01053-004 **150.00
4/14/04 01053 019 3.00
4/14/04 01053 020 3.00
4/14/04 01053 021 3.00

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: **Pedro Fernandez** **PEDRO FERNANDEZ** **5/28/2004** **(305) 821-4461**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/04)

Th