## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

			Se DIVISI	ecretary of Station of Corporat	te IONS	(	IL NOV			
ation Name GUI, INC. RAND BAY	DRIVE, #	¥101 V	0000	0020					•	and the second s
2. Principal Office Address KEY BISCAYNE, FL 33149			3. Mailing Office Address			REINS	TAT	EMEN	***********	09
Suite, Apt. #, etc. City & State			Suite, Apt. #, etc.			4. Date Incorporated or Qualified To Do Business in Florida 2/22/2000				
			Only a Grate			<b>5.</b> FEI Number 65-0983094			-	Applied For
	Country	Z	Р	Country		6. CERTIFICATE	OF STATUS	DESIRED S8.7	5 Addition or a Certific	nal Fee required cate of Status
			7. Na	me and Address of	Current Registe	red Agent	-			
Street Add 2100 PC Suite, Apt. 1203	ress (P.O. Bo DNCE DE #, Etc.	Number is Not A LEON BLVD	cceptable)	Name of the second			State   FL	Zip Code 33134		
of I Agent	S Ay	Instit	TERED AGE	NT MUST SIGN	· · · · · · · · · · · · · · · · · · ·		on 607.0505	or 817.0503, F.S.	H	No.
s and Street A			Director (Flori	<del></del>			·	Cit. (Cha		
						CUX			·	
MARIA /	ALEXAND	KA RODRIG	UEZ LC	445 GRAND E	3AY UK., #10	80	1004	12907:		·
einstatement ap l by the corpora is application is	plication, the tion have been	reason for dissolut n paid and the nam	ionyhas been Ies of individu	eliminated, the corporate is listed on this form	rate name satisfient of the not qualify for	s the requirements r an exemption und ler oath	of section ( ler section 1	307.0401 or 617.04 19.07(3)(i), F.S. Th	401, F.S., t ne informat	hat all fees ion indicated
	JMENT ation Name GUI, INC. RAND BAY ISCAYNE, al Office Addre SCAYNE, #, etc.  Name MARTH Street Add 2100 PC Suite, Apt. 1203 City CORAL g appointed the of I Agent s and Street Ac	RAND BAY DRIVE, # ISCAYNE, FL 33149 al Office Address SCAYNE, FL 33149 #, etc.  Country  Name MARTHA CASTIL Street Address (P.O. Bo) 2100 PONCE DE Suite, Apt. #, Etc. 1203  City CORAL GABLES g appointed the registered and Officers are MARIA ALEXAND  MARIA ALEXAND  Ty that I am an officer or directionstatement application, the by the corporation have been is application is true and accurate and accurate application is true and accurate application accurate application application is true and	JMENT # ation Name GUI, INC. RAND BAY DRIVE, #101 ISCAYNE, FL 33149  al Office Address SCAYNE, FL 33149  #, etc. St.  Country Zi  Name MARTHA CASTILLO  Street Address (P.O. Box Number is Not Act 2100 PONCE DE LEON BLVD Suite, Apt. #, Etc. 1203  City CORAL GABLES  g appointed the redistered selent of the above not application. The street address of the street and/or Directors  MARIA ALEXANDRA RODRIG  MARIA ALEXANDRA RODRIG  which is the corporation have been paid and the name is application is true and accurate and my signs is application is true and accurate and my signs is application is true and accurate and my signs is application is true and accurate and my signs is application is true and accurate and my signs is application is true and accurate and my signs is application is true and accurate and my signs is application is true and accurate and my signs is application in the street accurate and my signs is application in the street accurate and my signs is application in the street accurate and my signs is application in the street accurate and my signs is application in the street accurate and my signs is application in the street accurate and my signs is application in the street accurate and my signs is application in the street accurate and my signs is application in the street accurate and my signs is application in the street accurate and my signs is application in the street accurate and my signs is application in the street accurate and my signs in the street accurate	STATEMENT  SINCE SOLI, INC. RAND BAY DRIVE, #101 ISCAYNE, FL 33149  al Office Address SCAYNE, FL 33149  #, etc.  Country  Zip  T. Na  Name MARTHA CASTILLO  Street Address (P.O. Box Number is Not Acceptable) 2100 PONCE DE LEON BLVD.  Suite, Apt. #, Etc. 1203  City CORAL GABLES  g appointed the registered agent of the above named corporate of Agent  Agent  REGISTERED AGE  as and Street Addresses of Each Officer and/or Director (Flor  Name of Officers and/or Directors  MARIA ALEXANDRA RODRIGUEZ LL  Suite, Apt. #, etc.  1203  City CORAL GABLES  Agent  REGISTERED AGE  Suite, Apt. #, Etc. 1203  City CORAL GABLES  Agent  REGISTERED AGE  Suite, Apt. #, etc. 1203  City CORAL GABLES  Agent  REGISTERED AGE  Suite, Apt. #, etc. 1203  City CORAL GABLES  Agent  REGISTERED AGE  Suite, Apt. #, etc. 1203  City CORAL GABLES  Agent  REGISTERED AGE  Suite, Apt. #, etc. 1203  City Coral Gables  Agent  REGISTERED AGE  Agent  REGISTERED AGE  Suite, Apt. #, etc. 1203  City Coral Gables  Agent  REGISTERED AGE  Agent  Agent  REGISTERED AGE  Age	Secretary of State DIVISION OF CORPORATE  SECRETARY OF STATEMENT  Secretary of State DIVISION OF CORPORATE  SUID NAME SUID NAME SUID NAME SCAYNE, FL 33149  In etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Zino Ponce De Leon BLVD.  Zino Pon	Secretary of State DIVISION OF CORPORATIONS  JMENT # ation Name GUI, INC. RAND BAY DRIVE, #101 SCAYNE, FL 33149  at Office Address SCAYNE, FL 33149  #, etc.  City & State  Country  Zip  Country  To Name and Address of Current Register MARTHA CASTILLO  Street Address (P.O. Box Number is Not Acceptable) 2100 PONCE DE LEON BLVD.  Suite, Apt. #, Etc. 201  City CORAL GABLES grapointed the registered agfent of this above named corporation, am familiar with and accept the corporation and the registered agreet of this above named corporation, am familiar with and accept the corporation and the registered agreet of this above named corporation and familiar with and accept the corporation and for Directors  MARIA ALEXANDRA RODRIGUEZ LL  445 GRAND BAY DR., #1  What I am an officer or director or the receiver or trustee empowered to execute this application as instatement application, the reason for dissolution have been paid and the names of individuals listed on this form do not qualify to a spilocation have been paid and the names of individuals listed on this form do not qualify to a spilocation is true and accurate, and my singular straining which have the planny logal effect as it made under the planny logal effe	Secretary of State DIVISION OF CORPORATIONS  JMENT # station Name GUI, INC. AND BAY DRIVE, #101 SCAYNE, FL 33149  all Office Address SCAYNE, FL 33149  Suite, Apt. #, etc.  City & State  Cuntry  Zip  Country  Zip  Country  Zip  Country  Country  Zip  Country  Country  Zip  Country  Country  To Bo Number of Certificate  T. Name and Address of Current Registered Agent  Name MARTHA CASTILLO  Street Address (P.O. Box Number is Not Acceptable)  Zinto Apt. #, Etc.  City Coral Gables  a and Street Addresses of Leach Officer and/or Director (Florida nonprotit corporations must list at least 3 directors)  Name of Officers and/or Directors  Name of Officers and/or Director (Florida nonprotit corporations must list at least 3 directors)  Name of Officers and/or Directors  Name of Officer	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS  SECRETARY  JUNEAU THE SECRETARY  SECRETARY  JUNEAU THE SECRETARY  SECRETARY  JUNEAU THE SECRETARY  SECRETARY  JUNEAU THE SECR	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS  SECRETARY OF ST  SECRETARY OF ST  SECRETARY OF ST  SAMD BAY DRIVE, #101 SCAYNE, FL 33149  al Office Address SCAYNE, FL 33149  al Office Address Country  Zp  Country  Zp  Country  Zp  Country  To Be Business or Firsts 2/22/2000  5. FEI Number 65-09833094  6. CERTIFICATE OF STATUS DEVIRED  To Mark Address of Current Registered Agent  MARTHA CASTILLO  Swelf Address (P.O.) Box Number is Not Acceptable)  To Country  State  To Country	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS  SECRETARY OF STATE FAHABLASSEE FLORIDA  SECRETARY OF STATE FAHABLASSEE FLORIDA  SECRETARY OF STATE FAHABLASSEE FLORIDA  AND BAY DRIVE, #101 SCAYNE, #1 23149  AD 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0