# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000042350

1. Entity Name
GUYCO EXPORT, INC.

FILED
04 DEC 16 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 1922 NE 147TH STREET<br>NORTH MIAMI, FL 33181 | 1922 NE 147TH STREET<br>NORTH MIAMI, FL 33181 |

12032004 REIN-P CR2E098 (6/04)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 16050 N.E. 8th Court | 16050 N.E. 8th Court |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: N.Miami Beach,Florida | City & State: N. Miami Beach,Florida |
| Zip: 33162 County: U.S.A. | Zip: 33162 Country: U.S.A. |

4. FEI Number: 65-1015717 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| GARCONETTE, GUY<br>1927 NE 147TH STREET<br>N MIAMI, FL 33181 | Name: Garconnette, E. Guy<br>Street Address (P.O. Box Number is Not Acceptable): 16050 N.E. 8th Court<br>City: N.Miami Beach FL Zip Code: 33162 |

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: _____ President 12/09/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $150.00**
**After January 1, 2005, Fee will be $300.00**

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

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PST<br>GARCONNETTE, GUY<br>1927 NE 147TH STREET<br>N MIAMI, FL 33181 | ☒ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | President:<br>Garconnette, E. Guy<br>16050 N.E. 8th Court<br>North Miami Beach,Florida, 33162 ☒ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 100043557481<br>12/21/04--01049--015 **158.75 ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ 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 607, 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:** _____ President 12/09/04 (305)-949-4130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #