

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P00000111670

1. Corporation Name

Guaran-T Contracting Corporation, Inc.

2. Principal Office Address - No P.O. Box #

(NEW) 1815 N.W. 38 Ave 1815 NW 38 Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Lauderhill, FL

City & State

Lauderhill, FL

Zip

33311

Country

BROWARD

Zip

33311

Country

BROWARD

7. Name and Address of Current Registered Agent

Name: PAVELL R. ALLIMAN

Street Address (P.O. Box Number is Not Acceptable)

1815 NW 38 Ave.

Suite, Apt. #, Etc.

City

Lauderhill

State

FL

Zip Code

33311

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

REGISTERED AGENT MUST SIGN

Date

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
Pres.	PAVELL ALLIMAN	1815 NW 38 Ave	Lauderhill, FL 33311

10. E-mail Address: 99green@electronic@BellSouth.net

(To be used for future annual report notification)

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., 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

09 DEC 16 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800163671308
12/16/09--01028--012 **1050.00

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

12-05-2000

5. FEI Number

65-1059396

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.