PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

_				
	RPORATION STATEMENT	Sec	PARTMENT OF STATE tretary of State N OF CORPORATIONS	FILED 03 JUL 17 AM 8: 18
DOCUMENT # P000000113160				SECRETARY OF STATE FALLAHASSEE, FLORIDA
	Guggenheim C	onsulting, 1	Inc.	
2. Principal Office Address 2507 Country Club Prado		3. Mailing Office 2507 Coun	Address try Club Prado	1000:21761791 07/24/0301030001 **900.00
Suite, Apt. #		Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida December 5, 2000
City & State Coral	Gables, Florida	City & State Coral Gab	les, Florida	5. FEI Number Applied For 65–1069229 Not Applicable
zip 33134	Country USA	Zip 33134	Country USA	CERTIFICATE OF STATUS DESIRED 55.75 Additional Fee required to: a Certificate of Status
•	Name Brent D. Kl	ein	and Address of Current Registe	red Agent
1	801 Brickel Suite, Apt. #, Etc. Suite 1901			
	c _{ity} Miami			State Zip Code FL 33131
8. I, being Signature of Registered	f Agent	pove named corporation		Date <u>July 16, 2003</u>
9. Names	and Street Addresses of Each Officer a	nd/or Director (Florida	nonprofit corporations must list at le	east 3 directors)
Titles	Name of Officers and/or Directo	er	Street Address of Eac Officer and/or Directo	
P/D	Jose Guggenheim	2	507 Country Club I	Prado Comal Gables, Florida 33134
			·	
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. further certify that when filling				
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 118.07(3)(i), F.S. The information indicated on this application is true and adcurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: Jose Guguennierm, President July 16, 2003 305–606–6239				
		RINTED NAME OF SIGN	ING OFFICER OR DIRECTOR	Date Daytime Phone#