

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JAN 30 AM 11:28

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **PO10000012648**

**1. Corporation Name**

**GUACAMAYO DISTRIBUTORS, Inc.**  
**1947 BRANCHWATER TRAIL**  
**ORLANDO, FL 32825**

**2. Principal Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**800011197028**  
**01/29/03--01104--008 \*\*300.00**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**05/28/01**

**5. FEI Number**

**59-3712352**

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

**\$8.75 Additional Fee required  
for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

Name

**MYRIAM SANMIGUEL**

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

**1947 BRANCHWATER TRAIL**

Suite, Apt. #, Etc.

City

**ORLANDO,**

State

**FL**

Zip Code

**32825**

**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

**Myriam Sanmiguel**  
REGISTERED AGENT MUST SIGN

Date

**01/22/03**

**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	MYRIAM SANMIGUEL	1947 BRANCHWATER TRAIL	ORLANDO, FL 32825
VP	HEMBER SANMIGUEL	1947 BRANCHWATER TRAIL	ORLANDO, FL 32825
S	JUAN CAMILO SANMIGUEL	1947 BRANCHWATER TRAIL	ORLANDO, FL 32825
BM	DAVID SANMIGUEL	1947 BRANCHWATER TRAIL	ORLANDO, FL 32825
AM	ANAMARIA SANMIGUEL	1947 BRANCHWATER TRAIL	ORLANDO, FL 32825

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/22/03**  
Date

**407-737-3306**  
Daytime Phone #

2052

Orlando Florida  
December 31<sup>st</sup> 2002

Department of State  
Division of Corporations  
To Whom may it Concern

From: Myriam Sanmiguel. Guacamayo Distributors Inc.

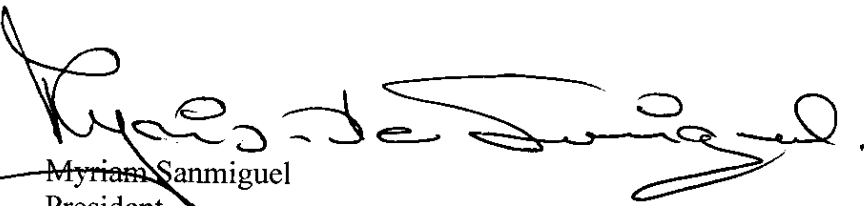
Due to a misunderstood we did not know that we had reactive our corporation every year.  
At the same time you did not received our change of address notification, so, we do not  
receive any mail from you.

Our purpose is to reactive our corporation and at the same time to let you know about our  
new address which is 1947 branchwater trail, Orlando Florida, 32825.

Check is attached.

Sorry for the inconvenience and thanks for your cooperation.

At



Myriam Sanmiguel  
President.  
Guacamayo Distributors Inc.