## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT # P01000031373



FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Principal Piece of Business	1. Entity Nam GUARAN	e I WOOD AND FLOORS, C	ORP.		97 JUL 12 AM	8: 26
Surior Apt. #, etc.    Surior Apt. #, etc.	4751 NW 72	AVE	4751 NW 72 AVE			
City & State  Country  A processor  Secret Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  For Required  1. Name  PAGURA, ALEJANDRO  8. The above named entry submits this sterement for the purpose of changing its registered office or registered agent, or both, in the State of Ponds. Jiam familiar with, and accept the delignors of registered agent.  City FL 2p Code  8. The above named entry submits this sterement for the purpose of changing its registered office or registered agent, or both, in the State of Ponds. Jiam familiar with, and accept the delignors of registered agent.  City FL 2p Code  8. The above named entry submits this sterement for the purpose of changing its registered office or registered agent, or both, in the State of Ponds. Jiam familiar with, and accept the delignors of registered agent.  City FL 2p Code  8. The above named entry submits this sterement for the purpose of changing its registered office or registered agent, or both, in the State of Ponds. Jiam familiar with, and accept the delignors of registered agent.  City FL 2p Code  8. The above named entry submits this sterement for the purpose of changing its registered office or registered agent, or both, in the State of Ponds. Jiam familiar with, and accept the delignors of registered agent.  City FL 2p Code  10.	Principal Place of Business - No P.O. Box #					
Secretary   Secr	Suite, Apt. #, etc.		Suite, Apt. #, etc.		07062007 REIN-P	CR2E098 (1/07)
For Required  7. Name and Address of New Registered Agent  Name  N	City & State		City & State			
PAGURA, ALEJANDRO 4751 NW 72 AVE MIAMI, FL 33166    City   FL   Zip Code	Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
PAGURA, ALE JANDRO 4751 NNV 72 AVE MIAMI, FL 33166  City  FL  Zip Code  City  FL  Zip Code  8. The above named entry 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 displacement of registered agent.  SIGNATURE  SQUARD, ALEJANDRO B  TRILE NOW!!! FEE IS \$300.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.  TIRE  PSD  OFFICERS AND DIRECTORS IN 1.  TIRE  OFFICERS AND DIRECTORS IN 1.  TIRE		6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Regi	stered Agent
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Ponda. I am familiar with, and accept the obligations of registered agent.    Signature   Signatur	4751 NW	72 AVE			s (P.O. Box Number is Not Acceptable)	
SIGNATURE    Signature   Composition of registered agent and time is apposited to the place and time is apposited to the proposition of the position of the po			_	City		FL Zip Code
FILE NOW!! FEE IS \$300.00  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N. 11  ITIE PSD OFFICERS AND DIRECTORS N. 11  ITIE PAGURA, ALEJANDRO B NAME STREET ADDRESS OFFICERS AND DIRECTORS N. 11  ITIE WAS OFFICE AND OFFI			or the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florid	a. I am familiar with, and accept
TILE NOW!!! FEE IS \$300.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE PSD	SIGNATURE.	Signature, typed or printed name of registered ager	it and title if applicable (NOTE	E: Registered Agent signature red	quired when reinstating)	DATE
TITLE PSD   Delete   TITLE   MAME   ASTRET ADDRESS   CITY-ST-2IP   MAME   Addition   MAME   ADDRESS   CITY-ST-2IP   MAME   A	FII	LE NOWII! FEE IS \$300.00				
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ITILE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET	NAME STREET ADDRESS	GARCIA PAGURA, GABRIELA 4751 NW 72 AVE	☐ Oelete	NAME STREET ADDRESS		☐ Change ☐ Addition
NAME SIREET ADDRESS CITY-ST-2IP  TITLE TITLE Delete TITLE NAME SIREET ADDRESS CITY-ST-2IP  TO Horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 if 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 ther like empowered.  SIGNATURE:  **TOTATION OF THE ADDRESS CITY-ST-2IP**  **TOTATION OF THE ADDRESS CITY-	TITLE NAME STREET ADDRESS	maxin, 12 do los	☐ Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 1.19, 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 it changed, or on an attachment with an address, with all ther like empowered.  SIGNATURE:  **TOTATION OF THE TOTATION OF THE TO	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS		☐ Change ☐ Addition
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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 it changed, or on an attachment with an address, with all ther like empowered.  7 - 9 - 0 7 301.593.003	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS		☐ Change ☐ Addition
DAMING PROPER	indicatéd of the co changed	d on this report or supplemental report reporation or the receiver or trustee em , or on an attachment with an address	is true and accurate and that no powered to execute this report , with all ther like empowered.	ny signature shall have th as required by Chapter 6	ne same legal effect as if made under oath 607. Florida Statutes; and that my name at 7 - 9 - 07	n; that I am an officer or director ppears in Block 10 or Block 11 if