

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 30 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10/30/03--01053--001 **150.00

REINSTATEMENT 03

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000082373

1. Corporation Name
GUEVARA U.S.A., INC.

2. Principal Office Address
2901 SW 41 ST
Suite, Apt. #, etc. # 506
City & State OCALA, FL
Zip 34474 Country USA

3. Mailing Office Address
2901 SW 41 ST
Suite, Apt. #, etc. # 506
City & State OCALA, FL
Zip 34474 Country USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-3748467 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name MARIA C. GUEVARA

Street Address (P.O. Box Numbers Not Acceptable) 2901 SW 41 ST

Suite, Apt. #, Etc. # 506

City OCALA State FL Zip Code 34474

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0602, F.S.

Signature of Registered Agent X Maria Claudia Guevara? Date X 10/29/2003

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must list at least 3 directors)

| Title | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City/State/Zip |
|-------------|-----------------------------------|--|------------------------|
| <u>PVST</u> | <u>MARIA C. GUEVARA</u> | <u>2901 SW 41 ST #506</u> | <u>OCALA, FL 34474</u> |
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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: X Maria Claudia Guevara? Date X 10/29/2003 (352) 8738649

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2506 110007

21 114

GUEVARA U.S.A., INC.

2901 SW 41 Street #506
Ocala, FL 34474

(352) 873-8649

Claudia Guevara
President

October 29, 2003

Uniform Business Report

Division Of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Enclosed please find a check in the amount of \$150.00 to pay the Annual Report. We are also including the Reinstatement form. Please be informed that we never received the reports and so we inadvertently did not pay the fee. Kindly accept this payment and advise.

Thank you for your consideration.

Sincerely,

Maria Claudia Guevara
Claudia Guevara

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