

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 17 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000107792

1. Corporation Name

GUAGUIS INC.

REINSTATEMENT

600025543886
12/17/03--01004--032 **50.00

600025543886
12/17/03--01004--031 **700.00

2. Principal Office Address

c/o GALVEZ PRIEGO URDAN

3. Mailing Office Address

c/o GALVEZ PRIEGO URDAN

Suite, Apt. #, etc.

888 Brickell Ave. 5th Floor

Suite, Apt. #, etc.

888 Brickell Ave. 5th Floor

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33131

Country

USA

Zip

33131

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/08/2001

5. FEI Number

752978441

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

JORGE GALVEZ-PRIEGO, ESQ.

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

888 Brickell Ave.

Suite, Apt. #, Etc.

5th Floor

City

Miami

State

FL

Zip Code

33131

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 12/02/2003

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
D	Berrenechea de Caraza, Laura	888 Brickell Ave. 5th Floor	Miami, FL 33131
D	Campos, Laura C.	888 Brickell Ave. 5th Floor	Miami, FL 33131
D	Campos, Carmen C.	888 Brickell Ave. 5th Floor	Miami, FL 33131

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

Date

Daytime Phone #

12/02/03 (305) 416 9668

CR2E081 (10/02)