

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 FEB 14 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000111958

1. Corporation Name

G.G.C. GUASTELLA GROUP CORP.

2. Principal Office Address

3755 N.E. 167 ST

3. Mailing Office Address

3755 N.E. 167 ST

Suite, Apt. #, etc.

37

Suite, Apt. #, etc.

37

City & State

NORTH MIAMI BEACH

City & State

FL

Zip

33160

Country

USA

Zip

33160

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/19/2001

5. FEI Number

61-1414782

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent

Name

MARIO GUASTELLA

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

3755 N.E. 167 ST

Suite, Apt. #, Etc.

37

City

NORTH MIAMI BEACH

State
FL

Zip Code
33160

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 02/11/2003

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
DIREC	MARIO GUASTELLA	3755 NE 167ST # 37	NORTH MIAMI BEACH/FL/33160
DIREC	MARIBEL MONTENEGRO	3755 NE 167ST: # 37	NORTH MIAMI BEACH/FL/33160

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

02/11/2003 786-4878791

Date

Daytime Phone #

CR2001 (10/02)

2/17