

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 FEB -5 AM 11:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000113241**

1. Corporation Name

**GUANE TOWING INC.**

Principal Place of Business

Mailing Address

**8801 NW 145 TERR  
MIAMI FL 33018**

**8801 NW 145 TERR  
MIAMI FL 33018**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date incorporated or Qualified  
To Do Business in Florida

**11/29/2001**

5. FEI Number

**65-1157249**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)

2

Name of Officers  
and/or Directors

3

Street Address of Each  
Officer and/or Director

4

City / State / Zip

**PD**

**VICTORERO, JESUS**

**8801 NW 145TH TERRACE**

**MIAMI FL 33018**

**500012330275  
02/12/03--01013--025 \*\*300.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**VICTORERO, JESUS  
8801 NW 145 TERR  
MIAMI FL 33018**

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

**2/3/03**

11. 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/3/03**

CR2040 (8/02)

GUANE TOWING INC.  
8801 NW 145 TERR  
MIAMI, FL 33018

Monday, February 03, 2003

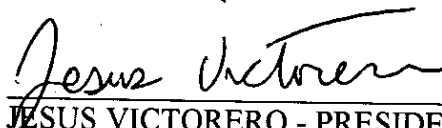
DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
PO BOX 1500  
TALLAHASSEE, FL 32302

RE: UNIFORM BUSINESS REPORT #P01000113241

We are in receipt of the administratively dissolution due to non-payment of our corporation report. We apologize; we never received any of the prior notices.

Please, we did not intentionally file late because we never received any correspondence from your department by the post office. We recently received from the post office the application for reinstatement and we are acting promptly to correct this error. Please, We respectfully ask for an abatement of the penalty charges and accept our filing and the check for \$300.00 covering 2002 and 2003 year. We have corrected the discrepancy with the post office and all reports will be filed on time from now on.

Thank you for your understanding and attention to our case.

  
\_\_\_\_\_  
JESUS VICTORERO - PRESIDENT