

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 DEC 17 PM 12:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P02000003363</b> 1. Entity Name <b>GUSTEL ENTERPRISES, INC.</b>					
Principal Place of Business <b>555 CRANDON BOULEVARD APT. 44 KEY BISCAVNE, FL 33149</b>			Mailing Address <b>555 CRANDON BOULEVARD APT. 44 KEY BISCAVNE, FL 33149</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>20-0465579</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>QUESADA, G. FRANK ESQ. 1313 POINCE DE LEON BLVD. SUITE 200 CORAL GABLES, FL 33134</b>				7. Name and Address of New Registered Agent Name <b>FERNANDO R. RODRIGUEZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>901 PONCE DE LEON BLVD. SUITE 501</b> City <b>CORAL GABLES, FL</b> Zip Code <b>33134</b>	
8. The above named entity 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 obligations of registered agent.					
SIGNATURE <i>Fernando R. Rodriguez</i>		<b>FERNANDO R. RODRIGUEZ</b>		DATE <i>11/17/04</i>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2005, Fee will be \$900.00</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>TELLEZ, GUSTAUO A</b> <input type="checkbox"/> Delete <b>555 CRANDON BLVD</b> <b>KEY BISCAVNE, FL 33149</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>TELLEZ, GUSTAVO A</b> <b>555 CRANDON BLVD.</b> <b>KEY BISCAVNE, FL. 33149</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Gustavo A. Tellez</i>		<b>GUSTAVO A. TELLEZ</b>		DATE <i>11/17/04</i>	
Signature and typed or printed name of signing officer or director					

REINSTATEMENT 2004

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