PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV -5 AM 10:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 03

DOCUMENT # **P02000087932**

1. Corporation Name

GUIOMAR GAMERO CORPORATION

Principal Place of Business	Mailing Address
782 NW LEJEUNE RD STE 439 MIAMI FL 33126	782 NW LEJEUNE RD STE 439 MIAMI FL 33126

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
398 VIA NARANJA	398 Via NARANJA
Suite, Apt. #, etc.: # 57	Suite, Apt. #, etc.: # 57
City & State: BOCA RATON	City & State: BOCA RATON
Zip: 33432 Country: BROWARD	Zip: 33432 Country: BROWARD

4. Date Incorporated or Qualified To Do Business in Florida: 08/14/2002

5. FEI Number: 47-0898584 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	GAMERO, ALONSO	~~782 NW LEJEUNE RD STE 439~~ 398 VIA NARANJA # 57	~~MIAMI FL 33126~~ BOCA RATON FL 33432
D	GAMERO, GUIOMAR	~~782 NW LEJEUNE RD STE 439~~ 398 VIA NARANJA # 57	~~MIAMI FL 33126~~ BOCA RATON FL 33432
		700024425847 11/05/03--01002--007 **750.00	

8. Name and Address of Current Registered Agent

CRUZ, ALEJANDRINA G
782 NW LEJEUNE RD STE 439
MIAMI FL 33126

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

CR2E040 (7/03)

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: Alejandrina G Cruz — Date: 10-29-03
REGISTERED AGENT MUST SIGN

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.

Phone
561-391-0650

SIGNATURE: Guiomar Gamero — Guiomar Gamero — 10-29-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #