

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB -2 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *PO2600118188*

1. Corporation Name

Wealth Guard Incorporated

REINSTATEMENT *03-05*
MRD

2. Principal Office Address

14748 SW 56 Street

Suite, Apt. #, etc.

205

City & State

Miami, FL

Zip

33185

Country

Miami-Dade

3. Mailing Office Address

14748 SW 56 Street

Suite, Apt. #, etc.

205

City & State

Miami, FL

Zip

33185

Country

Miami-Dade

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/04/2002

5. FEI Number

71-0911507

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

Diana P. Garzon

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

14748 SW 56 Street

Suite, Apt. #, Etc.

205

City

Miami

State

FL

Zip Code

33185

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

Date **1/31/2005**

REGISTERED AGENT MUST SIGN

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	Alvaro Orozco	14748 SW 56 Street #205	Miami, FL 33185
ST	Diana P Garzon	14748 SW 56 Street #205	Miami, FL 33185

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

1/31/2005

Date

305-385-0809

Daytime Phone #

CR2E081 (01/05)