


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1902

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																													
DOCUMENT # <u>P03000008969</u>																															
1. Corporation Name <u>Guide Scrap Metal, Inc.</u>																															
2. Principal Office Address <u>3417 W. Tambay Ave</u> Suite, Apt. #, etc. City & State <u>Tampa, FL</u> Zip <u>33611</u>		3. Mailing Office Address <u>3417 W. Tambay Ave</u> Suite, Apt. #, etc. City & State <u>Tampa, FL</u> Zip <u>33611</u>																													
		4. Date Incorporated or Qualified To Do Business in Florida <u>1/24/2003</u>																													
		5. FEI Number <u>65-1171170</u>																													
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status																													
7. Name and Address of Current Registered Agent Name <u>Maria Riveron</u> Street Address (P.O. Box Number is Not Acceptable) <u>3417 W. Tambay Ave</u> Suite, Apt. #, Etc. City <u>Tampa</u> State <u>FL</u> Zip Code <u>33611</u>																															
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 <u>[Signature]</u> Date <u>12/13/04</u> REGISTERED AGENT MUST-SIGN																															
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																															
<table border="1"><thead><tr><th>Titles</th><th>Name of Officers and/or Directors</th><th>Street Address of Each Officer and/or Director</th><th>City / State / Zip</th></tr></thead><tbody><tr><td><u>D</u></td><td><u>Alberto Riveron</u></td><td><u>3417 W. Tambay Ave</u></td><td><u>Tampa, FL 33611</u></td></tr><tr><td><u>D</u></td><td><u>Maria Riveron</u></td><td><u>3417 W. Tambay Ave</u></td><td><u>Tampa, FL 33611</u></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table>				Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	<u>D</u>	<u>Alberto Riveron</u>	<u>3417 W. Tambay Ave</u>	<u>Tampa, FL 33611</u>	<u>D</u>	<u>Maria Riveron</u>	<u>3417 W. Tambay Ave</u>	<u>Tampa, FL 33611</u>																
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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: <u>[Signature]</u> <u>Precibut</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # <u>813 465-0604</u>																															

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November 18, 2004

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Guide Scrap Metal, Inc.  
Document#: P03000008969

To Whom It May Concern:

I am writing to dispute the Notice of Dissolution or Revocation that I received. A representative at your office informed me that the reason of dissolution or revocation is that I was sent a letter that requested the Federal ID number for Guide Scrap Metal, Inc. which I never received. Therefore, I am enclosing a reinstatement form showing the federal ID number along with a copy of the cleared check that was written out to your office along with the Annual Report 2004.

Thank you,



  
Alberto Riveron