

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 MAR -4 PM 12: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 08-10

400169244884
02/17/10--01006--005 **300.00
CR2E081 (11/09)

DOCUMENT # P0400001303

1. Corporation Name

Guillermo Alvarez Corporation

WID - 8035

2. Principal Office Address - No P.O. Box #

25750 SW 128 Court

3. Mailing Office Address

25750 SW 128 Court

Suite, Apt. #, etc.

Home

Suite, Apt. #, etc.

Home

City & State

Homestead, FL

City & State

Homestead, FL

Zip

33032

Country

USA

Zip

33032

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 12/22/2003

5. FEI Number
56-2430641

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7. Name and Address of Current Registered Agent

Name

Guillermo Alvarez

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

25750 SW 128 Court

Suite, Apt. #, Etc.

Home

City

Homestead

State

FL

Zip Code

33032

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

Guillermo Alvarez

Date 2/10/10

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
Pres	Guillermo Alvarez	25750 SW 128 Court	Homestead, FL 33032
U	U	25750 SW 128 Court	U U U

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10. E-mail Address: Guillermo Alvarez corp @ yahoo.com

(To be used for future annual report notification)

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. I further certify, 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:

Guillermo Alvarez

2/20/10

7862515699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #