

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P04000075241**

1. Corporation Name

C. GUERRA SERVICE, INC.

2. Principal Office Address

2416 W 52 TERR

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Hialeah FL

City & State

Zip

33016

Country

U.S.A

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/10/04

5. FEI Number

201149850

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

05-07

7. Name and Address of Current Registered Agent

Name

C. GUERRA

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

2416 W 52 TERR

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33016

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

7/23/07

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
P	CARLOS GUERRA	2416 W 52 TERR	HIALEAH FL 33016

SD0107465975
08/07/07--01057--013 **450.00

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/23/07 (786)3190021

Daytime Phone #

DEPARTMENT OF STATE
D.

To whom it may concern,

I. Carlos Guerra, PRESIDENT OF

C. GUERRA SERVICE, INC

am writing this letter to ASK ACCEPT
my PAYMENT for the 2005 Annual Report
of the ABOVE MENTIONED corporation.

The reason of the delay is that I never
RECEIVED the report and SINCE it is the
First time I am in a corporation I DID NOT
KNOW I WAS supposed to SEND it before May
1st. I just found out about it.

PLEASE Accept my Apology and my PAYMENT

SINCERELY

X 