

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000108437

1. Entity Name
GUERRA GROCERY, INC.



Principal Place of Business
2625 DAVIE BLVD
FT LAUDERDALE, FL 33312

Mailing Address
2625 DAVIE BLVD
FT LAUDERDALE, FL 33312

REINSTATEMENT

APPROVED
AND
FILED

06 APR -4 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
2273 SW 30 Terrace
Suite, Apt. #, etc.

3. Mailing Address
2273 SW 30 Terrace
Suite, Apt. #, etc.

03272006 REIN-P CR2E098 (11/05)

City & State
Ft. Lauderdale, FL
Zip
33312 Country

City & State
Ft. Lauderdale, FL
Zip
33312 Country

4. FEI Number
86-1112501

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, ERASMO J
2273 SW 30 TER
FT LAUDERDALE, FL 33312

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE DPVS ☐ Delete
NAME GARCIA, ERASMO J
STREET ADDRESS 2273 SW 30 TER
CITY-ST-ZIP FT LAUDERDALE, FL 33312

TITLE T ☐ Delete
NAME GARCIA, ERASMO J
STREET ADDRESS 2273 SW 30 TER
CITY-ST-ZIP FT LAUDERDALE, FL 33312

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 500073498015
STREET ADDRESS 05/01/06--01054--008 **\$900.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Erasmus J Garcia DPVS+T
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/06
Date

Daytime Phone #