

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000147858

1. Corporation Name

Steven R. Gutierrez, Inc.

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

2909 McKinley Street

3. Mailing Office Address

2909 McKinley Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood, Florida

City & State

Hollywood, Florida

Zip

33020

Country

USA

Zip

33020

Country

USA

7. Name and Address of Current Registered Agent

Name

Steven R. Gutierrez

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

2909 McKinley Street

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33020

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

REGISTERED AGENT MUST SIGN

Date 09-24-09

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 | Steven R. Gutierrez | 2909 McKinley Street | Hollywood/Florida/33020 |
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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 contained in Chapter 119, 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

Steven R. Gutierrez

09-24-09

Date

754-368-9771

Daytime Phone #

FILED

09 OCT -2 PM 2:24

STATE
RECEIVED

600161278906
10/02/09--01038--007 **450.00

CR2E081 (12/08)

REINSTATEMENT

07-09

4. Date Incorporated or Qualified To Do Business in Florida 10-27-2004

5. FEI Number
16-1709307

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.