PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 10 NOV -1 AM 10: 57 |

DOCUMENT # PO5000001945

1. Corporation Name

GUATEMEX INC

| 2. Principal Office Address - No P.O. Box # 447 FAIRVIEW AVE | 3. Mailing Office Address 447 FAIRVIEW AVE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

900187296749
11701710--01048--001 **908.75

CR2E081 (6/10)

| City & State FORT MYERS | City & State FORT MYERS |

4. Date Incorporated or Qualified To Do Business in Florida 01/05/2005

| Zip 33905 | Country USA | Zip 33905 | Country USA |

5. FEI Number 593793303  ☐ Applied For  ☐ Not Applicable

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

7. **Name and Address of Current Registered Agent**

Name   RICARDO F. FELIX

Street Address (P O Box Number is Not Acceptable)
447 FAIRVIEW AVE

Suite, Apt. #, Etc

| City FORT MYERS | State FL | Zip Code 33905 |

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  X _Ricardo Ruiz Felix_    Date 10/28/2010
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 |
|---|---|---|---|
| P | GAIL M MIGUEL | 447 FAIRVIEW AVE | FORT MYERS FL 33905 |
| S | RICARDO F FELIX | 447 FAIRVIEW AVE | FORT MYERS FL 33905 |
| | | | |
| | | B 11/2/10 | |
| | REINSTATEMENT | 09-10 | |
| | | | |
| | | | |

10. **E-mail Address:** _____
(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: X _Ricardo Ruiz Felix_    10/28/2010   2399105491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #