
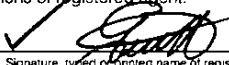
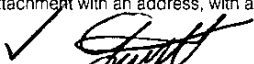


2006 FOR PROFIT CORPORATION REINSTATEMENT

| | | | |
|--|---|--|---------------------------------------|
| DOCUMENT # P05000032580 1. Entity Name GUILLERMO INTERIOR YACHT DESIGN, INC | |  | 06 OCT 13 11:42 REINSTATEMENT 2006 |
| Principal Place of Business 32 SW 63 CT MIAMI, FL 33144 | | Mailing Address 32 SW 63 CT MIAMI, FL 33144 | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent DEL TORO, GUILLERMO 32 SW 63 CT MIAMI, FL 33144 | | 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:  <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | DATE: <u>10/6/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00 | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE: P <input type="checkbox"/> Delete NAME: DEL TORO, GUILLERMO STREET ADDRESS: 32 SW 63 CT CITY-ST-ZIP: MIAMI, FL 33144 | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: S000080830669 STREET ADDRESS: 10/13/06--01049--006 CITY-ST-ZIP: **150.00 | | |
| TITLE: VP <input checked="" type="checkbox"/> Delete NAME: SANCHEZ, ALEX STREET ADDRESS: 1764 SW 6 ST #1 CITY-ST-ZIP: MIAMI, FL 33125 | | | |
| TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: | | | |
| TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: | | | |
| TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: | | | |
| TITLE: <input type="checkbox"/> Delete 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | DATE: <u>10/6/06</u> DAYTIME PHONE #: <u>(305) 609-0024</u> | |