FILED

10 MAR 30 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03-11-10 - 01025 -005 750.00
300171867733
03/30/10--01027--013 **300.00

REINSTATEMENT 08-10

DOCUMENT # P05000118530

1. Corporation Name

LA GUAIRA PROPERTIES CORP

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
2121 PONCE DE LEON BLVD		2121 PONCE DE LEON BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
240		240	
City & State		City & State	
CORAL GABLES,FL		CORAL GABLES,FL	
Zip	Country	Zip	Country
33134	USA	33134	USA

4. Date Incorporated or Qualified To Do Business in Florida 08/25/2005

5. FEI Number 260125560 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Authorized Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
PRATS FERNANDEZ & CO

Street Address (P.O Box Number is Not Acceptable)
2121 PONCE DE LEON BLVD

Suite, Apt. #, Etc.
240

City	State	Zip Code
CORAL GABLES	FL	33134

☐ 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.

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 _____ Date 03/17/2010

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	RAUL BARRIOS GONZALEZ	2121 PONCE DE LEON BLVD SUITE 240	CORAL GABLES,FL 33134
T	MARIA VICTORIA BARRIOS GONZALEZ	2121 PONCE DE LEON BLVD SUITE 240	CORAL GABLES,FL 33134

10. E-mail Address: raulbe@emcali.net.co

(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: _____ MARIA VICTORIA BARRIOS GONZALEZ 03/17/2010 3058482584

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #