

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000035020

1. Corporation Name

GUZMAN & LATIN-AMERICAN GENERAL CONTRACTOR, CORP.

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

10110 NW 80TH AVE

Suite, Apt. #, etc.

3. Mailing Office Address

10110 NW 80TH AVE

Suite, Apt. #, etc.

City & State

HIALEAH, FL

City & State

HIALEAH, FL

Zip

33016

Country

USA

Zip

33016

Country

USA

7. Name and Address of Current Registered Agent

Name

GUZMAN, JOSE P.

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

10110 NW 80TH AVE

Suite, Apt. #, Etc.

City

HIALEAH

State

FL

Zip Code

33016

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 **3/2/10**

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	GUZMAN, JOSE P.	10110 NW 80TH AVE	HIALEAH, FL 33016

REINSTATEMENT
07-10
988

10. E-mail Address: **N/A**

(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/10

Date

Daytime Phone #

FILED

2010 MAR -3 A 11: 52

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**FILING CANCELLED
RETURNED CHECK**

**500171124475
03/03/10--01012--020 **500.00**

CR2E081 (11/09)