

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 JAN 14 AM 8:44

DOCUMENT # P07000008858

1. Corporation Name

GUIRADO CONSTRUCTION, INC.

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

18227 LOWE DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

18227 LOWE DRIVE

Suite, Apt. #, etc.

City & State

FORT MYERS, FLORIDA

City & State

FORT MYERS, FLORIDA

Zip

33967

Country

USA

Zip

33967

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/11/2010

5. FEI Number

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

MARIA M. CALDAS-LOPES

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

2301 FOWLER STREET SUITE #3

Suite, Apt. #, Etc.

City

FORT MYERS

State

FL

Zip Code

33901

☒ 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

REGISTERED AGENT MUST SIGN

Date 01/10/2010

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	ORLANDO GUIRADO	18227 LOWE DRIVE	FORT MYERS, FLORIDA 33967

REINSTATEMENT

08-10

B. 1/20/10

10. E-mail Address: GuiradoCuba@yahoo.com

(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

01/10/2010 (727) 326-5221

Date

Daytime Phone #