

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000100639

1. Corporation Name

GUASALVI, CORP.

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

8582 NW 56TH STREET

Suite, Apt. #, etc.

City & State

DORAL, FL

Zip

33166

Country

USA

3. Mailing Office Address

8582 NW 56TH STREET

Suite, Apt. #, etc.

City & State

DORAL, FL

Zip

33166

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 9/10/07

5. FEI Number

26-0875702

☐ 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

GISELLE DE LA CRUZ

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

8582 NW 56TH STREET

Suite, Apt. # Etc

City

DORAL

State

FL

Zip Code

33166

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

Gielle De Cruz

REGISTERED AGENT MUST SIGN

Date 10/8/10

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
D	GISELLE DE LA CRUZ	8582 NW 56TH ST	MIAMI, FL 33166
D	ILEANA V. ELLIS	8582 NW 56TH ST	MIAMI, FL 33166

10. E-mail Address: GUASALVI@GMAIL.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:

Gielle De Cruz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/8/10

Date

305-663-3566

Daytime Phone #

FILED
10 NOV 23 PM 3: 05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (6/10)

2010

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