

2010 A/R 2010

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 OCT 19 PM 12:05

TALLAHASSEE, FLORIDA

DOCUMENT # **PO9 0000 247 32**

1. Corporation Name

GUERDA TERMINAL INC

300186843883
10/19/10--01007--021 **750.00

CR2E081 (1/07)

10

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

3250 NW N. River Dr.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

miami, FL

City & State

Zip Country

33142 USA

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

3/17/09

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 **Guenda Michel**

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

3250 NW N. River Dr.

Suite, Apt. #, Etc.

City

miami, FL

State

FL

Zip Code

33142

REINSTATEMENT

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 **10/18/10**

REGISTERED AGENT MUST SIGN

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	Guenda Michel	3250 NW N. River Dr.	miami, FL 33142

10. 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 and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 118, F.S. 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

Date

10/18/2010

Daytime Phone #