

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000092362

1. Entity Name  
GUIDI TRANSMISSION PARTS, INC.



FILED

04 NOV -3 PM 2:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

2740 WEST 2ND AVE  
HIALEAH, FL 33010 US

Mailing Address

2740 WEST 2ND AVENUE  
HIALEAH, FL 33010

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



4. FEI Number  
65-0545552

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GUIDI, ARNALDO C  
13310 SW 71 ST  
MIAMI, FL 33183

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00  
After January 1, 2005, Fee will be \$900.00.

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME GUIDI, ARNALDO C.  
STREET ADDRESS 3386 SW 135CT  
CITY-ST-ZIP MIAMI, FL 33175

TITLE D ☐ Delete  
NAME GUIDI, MIGDALIA  
STREET ADDRESS 13310 SW 71ST STREET  
CITY-ST-ZIP MIAMI, FL

TITLE D ☐ Delete  
NAME GUIDI, ARNOLD  
STREET ADDRESS 9702 SW ST TERRAC  
CITY-ST-ZIP MIAMI, FL 33173

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 100042437951  
CITY-ST-ZIP 11/03/04--01039--018 \*\*750.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARNALDO C GUIDI 11/1/04 305-887.3194  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #