PLEASE READ ALL INSTRUCTIONS BEFORE C

APPROVED
AND
FILED

05 APR 18 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000010711

1. Corporation Name

GUERRA REALTY, INC.

W04-28579

REINSTATEMENT 01-05

800083585596
07/21/04--01005--029 **120.00

MRS

2. Principal Office Address	3. Mailing Office Address
15563 SW 55 TERR	15563 SW 55 TERR
Suite, Apt. #, etc.: ---	Suite, Apt. #, etc.: ---
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33186 Country: USA	Zip: 33186 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 2/08/95

5. FEI Number: 20-2683845 ☐ 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: ASELA V. GUERRA

300054211413
05/10/05--01053--015 **150.00

Street Address (P.O. Box Number is Not Acceptable): 15563 SW 55 TERR

Suite, Apt. #, Etc.: ---

City: MIAMI State: FL Zip Code: 33186

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 July 8, 2004

REGISTERED AGENT MUST SIGN

CR2E061 (01/04)

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	ASELA GUERRA	15563 SW 55 TERR	MIAMI / FLORIDA / 33186

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 under section 119.07(3)(i), 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.

305-458-0024

SIGNATURE: _____ July 8, 2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #