

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

98 MAR 18 AM 11:55

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P96000103129

1. Corporation Name

G.U.Z. Corporation

Principal Place of Business

Mailing Address

**c/o Julio E. Manguart
1428 Brickell Avenue
Main Floor
Miami, Florida 33131**

same

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 97-98

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

12/23/96

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0761555

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Guido Zecchini	1428 Brickell Avenue	Miami, Florida 33131
			<i>(Signature) 3/18/98</i>
			400002460664--8
			<i>(Signature)</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Julio E. Manguart, Esq.
1428 Brickell Avenue
Main Floor
Miami, Florida 33131**

Name

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

Suite, Apt. #, Etc.

City

State **FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

(Signature)

REGISTERED AGENT MUST SIGN

Date **3/17/98**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/98

Date

(305) 372-8889

Daytime Phone #

Guido Zecchini, Director

CR2040 (12/96)



(2)

ACCOUNT NO. : 072100000032
 REFERENCE : 745312 169526A
 AUTHORIZATION : Patricia Kyzut
 COST LIMIT : \$ ~~PREPAID~~ 908.75

ORDER DATE : March 18, 1998
 ORDER TIME : 10:10 AM
 ORDER NO. : 745312-005
 CUSTOMER NO: 169526A
 CUSTOMER: Amy Valiente, Legal Asst
 Manguart & Associates, P.a.
 Main Floor
 1428 Brickell Avenue
 Miami, FL 33131

DOMESTIC FILINGS

NAME: G.U.Z. CORPORATION

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stacy L Earnest
 EXAMINER'S INITIALS _____

RECEIVED
 98 MAR 18 AM 11:35
 DIVISION OF CORPORATION