

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

Zip

Country

Zip

Country

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)

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

400002460664--8

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

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

Guido Zecchini, Director

CR2040 (12/96)



ACCOUNT NO. : 072100000032

REFERENCE : 745312 169526A

AUTHORIZATION :

Patricia Kizut

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

(2)