

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

99 DEC -8 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000010731**

1. Corporation Name

GUAINCO PISOS ESMALTADOS, INC.

Principal Place of Business

Mailing Address

269 COSTANARA ROAD
CORAL GABLES FL 33143

269 COSTANARA ROAD
CORAL GABLES FL 33143



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 02/03/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0729066	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	4. City / State / Zip
D	NAKAN, YSSUYUKI	RUA EMILIO REBAS, 172 CAMPINAS 269 COSTANARA ROAD	43005-140 BRAZIL-06 CORAL GABLES, FL 33143
D	NAKANO, MARIUSA Pires	269 COSTANARA ROAD	CORAL GABLES, FL 33143

000003076570--5
-12/21/98-01055-010
****750.00****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NAKANO, MARIUSA PIRES
269 COSTANARA ROAD
CORAL GABLES FL 33143

Name
Street Address (Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State
Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0506, F.S.

Signature of Registered Agent

Mariusa P. Nakano

Date **12/2/99**

REGISTERED AGENT MUST SIGN

11. 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:

Mariusa P. Nakano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/2/99 (305) 599-3066
Date Daytime Phone #