

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUL 31 AM 9:36

DOCUMENT # PA9000024531

1. Corporation Name

GUIDO IMPORT & DISTRIBUTION Inc.

2. Principal Office Address

7200 Rose Avenue

Suite, Apt. #, etc.

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City & State

Orlando, FL

Zip

32810

Country

U S A

3. Mailing Office Address

7200 Rose Avenue

Suite, Apt. #, etc.

////////

City & State

Orlando, FL

Zip

32810

Country

U S A

REINSTATEMENT 98-00

**4. Date incorporated or Qualified
To Do Business in Florida**

03-10-1997

5. FEI Number

59-3429409

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

Guido Guidetti

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

1100 S. Orlando Avenue-

Suite, Apt. #, Etc.

Apt. 804

City

Maitland

State

FL

Zip Code

32751

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 07-27-2000

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/S/T	Guido Guidetti	1100 S Orlando Ave. #804	Maitland, FL 32751

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.

SIGNATURE:

[Signature]

Guido Guidetti

07/27/2000

Date

(407) 291-1703

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR