


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC 11 AM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97 0000 36925

1. Corporation Name

GUAMI, INC

2. Principal Office Address

5101 COLLINS AVENUE

Suite, Apt. #, etc.

4C

City & State

MIAMI BEACH, FL

Zip
33140

Country

USA

3. Mailing Office Address

5101 COLLINS AVENUE

Suite, Apt. #, etc.

4C

City & State

MIAMI BEACH, FL

Zip
33140

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

4/24/1997

5. FEI Number

65-0750554

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

GERARDO A. PEREZ

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

5101 COLLINS AVENUE

Suite, Apt. #, Etc.

4C

City

MIAMI BEACH

State

FL

Zip Code

33140

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

REGISTERED AGENT MUST SIGN

Date 12/4/06

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
D,P,S	GERARDO A. PEREZ	5101 COLLINS AVENUE, APT. 4C	MIAMI BEACH, FL 33140
VP	ELENA PEREZ	201 CRANDON BLVD., #300	KEY BISCAYNE, FL 33149

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 contained in Chapter 119, 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

Date

12/4/06

Daytime Phone #

(305) 5460710

8 Enkel DEC 11 2006

GUAMI, INC.

5101 Collins Avenue.
Suite 4-C
Miami Beach, FL 33140

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Department of State
Division of Corporations
Attn: Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314

CONFIDENTIAL
December 4, 2006

RE: Guami Inc.
Doc. No.: P97000036925

Ladies and Gentlemen:

Our company was administratively dissolved on September 15, 2006 for failure to file its annual report pursuant to Florida Statute § 607.1420(1)(a).

We are now applying for reinstatement pursuant to Florida Statute § 607.1422.

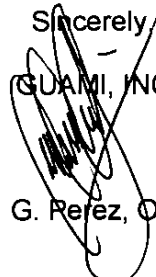
Florida Statute § 607.193(2)(b) states that

[i]n addition to the fees levied under ss. 607.0122, 608.452, and 620.182 and the supplemental corporate fee, a late charge of \$400 shall be imposed if the supplemental corporate fee is remitted after May 1 except in circumstances in which a business entity did not receive the uniform business report prescribed by the department. (Emphasis added).

To the best of our knowledge and belief, we did not receive such notice as prescribed by the Statute.

Accordingly, pursuant to the above quoted Statute, we respectfully request that the reinstatement fee of \$600 be waived.

Thank you.

Sincerely,

GUAMI, INC.
G. Perez, Officer

Tel: (305) 546-0710
Fax: (305) 866-3506
guamiusa@gmail.com