

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

01 MAR -1 PM 3:32

DOCUMENT # **P97000074614**

1. Corporation Name

GUZAL INC

2. Principal Office Address

3051 N.W. 75th Avenue.

Suite, Apt. #, etc.

Suite 2

City & State

Miami - Florida

Zip

33122

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

08/27/97

5. FEI Number

621503913

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

Luz Marina Aristizabal.

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

3051 NW 75th Ave.

Suite, Apt. #, Etc.

600003803106-2

03/06/01-0114-009

******900.00 ****900.00**

City

Miami

State

FL

Zip Code

33122

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

Luz M Aristizabal.

REGISTERED AGENT MUST SIGN

Date **Feb 23/2001**

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 Luz Marina Aristizabal 3051 NW 75th Ave. #2 Miami - Fl. 33122

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:

Luz M Aristizabal.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 23/2001

Date

Daytime Phone #

CR2E081 (9/00)