

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P98000048036</b>			
1. Corporation Name <b>GUILLEN GAIANI &amp; ASSOCIATES, INC.</b>			
Principal Place of Business <b>4161 POINCIANA AVE. COCONUT GROVE FL 33133</b>		Mailing Address <b>4161 POINCIANA AVE. COCONUT GROVE FL 33133</b>	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	
		4. Date Incorporated or Qualified To Do Business in Florida <b>05/26/1998</b>	
		5. FEI Number <b>65-0842526</b>	
		Applied For <input type="checkbox"/> Not Applicable	
		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
PD	GUILLEN, FEDERICO	4161 POINCIANA AVE.	COCONUT GROVE FL 33133
VPD	GUILLEN, MONICA	4161 POINCIANA AVE.	COCONUT GROVE FL 33133
			800004617018--1 -10/01/01--01014--013 ****308.75 ****308.75
REINSTATEMENT			
8. Name and Address of Current Registered Agent <b>GUILLEN, FEDERICO 4161 POINCIANA AVE. COCONUT GROVE FL 33133</b>		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code <b>FL</b>	
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 <i>Federico Guillen</i> <b>SIGNATURE REQUIRED</b> Date _____ 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: <i>Federico Guillen</i> <b>SIGNATURE REQUIRED</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>8/30/01</b> Daytime Phone # <b>305 6630732</b>	

FILED  
01 SEP 24 PM 2:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E040 (8/00)