APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 DEC 22 PM 2:53

Make Check Payable To: Department of State

Name and Mailing Address of Corporation: DOCUMENT # P98000060375

Guate Centro Latin Store, Inc.
13490 Orange Ave.
Fort Pierce, FL 34945

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

P.O. Box 628
Address
Indiantown Fl.
Address
34956
City and State
Zip Code

Date Incorporated or Qualified To Do Business in Florida	4. FEI Number	FEI Number Applied For	5. $8.75 Additional Fee required for a Certificate of Status
07/08/98	650849738	FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED ☐

Names and Street Addresses of Each Officer and/or Director

Title	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
D	Andres Cruz	13490 Orange Ave	Fort Pierce, FL

REINSTATEMENT 99-01

300003514463--0
-12/27/00--01001--016
****900.00 ****900.00

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

Andres Cruz
13490 Orange Ave
Fort Pierce, FL 34945

8. Name and Address of New Registered Agent and/or Office

Name
Street Address (Do NOT Use P.O. Box Number)
Street Address (Do NOT Use P.O. Box Number)
City and State: FL. Zip

CR2E040 (5/96)

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 — REGISTERED AGENT MUST SIGN — Date 12-21-00

If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

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., and that all fees owed by the corporation have been paid. 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 of Officer or Director — Date 12-21-00 — Daytime Phone #

Typed or printed name of signing officer or director: Andres Cruz