

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 NOV 25 PM 4:14

DOCUMENT # *P99000043393*

1. Corporation Name

Guerra Properties, Inc.

2. Principal Office Address

P.O. Box 254

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Fort Lauderdale, Florida

Zip

33302

Country

USA

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/12/1999

5. FEI Number

65-0921678

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 *Armando Guerra*

Street Address (P.O. Box Number is Not Acceptable) *1957 NE 15 avenue*

Suite, Apt. #, Etc.

City *Fort Lauderdale*

State **FL** Zip Code **33305**

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 *Armando Guerra*

Date *11/22/02*

REGISTERED AGENT MUST SIGN

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
Pres	Armando Guerra	1957 NE 15th Avenue	Ft Laud, FL 33302
V Pres	Collette Guerra	1957 NE 15th Avenue	Ft Laud, FL 33302
			<i>9000009721189 12/3/2002-01002-011 **1050.00</i>

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: *Armando Guerra*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *11/22/02* Daytime Phone # *954.390.0892*

CR2E01 (9/91)