

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN 08 AM 8:00

DOCUMENT # D99000082641

1. Corporation Name

Guba Records, Inc

REINSTATEMENT 03-04
MRS

2. Principal Office Address

4417 NW 207 Dr

Suite, Apt. #, etc.

3. Mailing Office Address

4417 NW 207 Dr

Suite, Apt. #, etc.

500037757445

06/08/04--01011--022 **300.00

City & State

Miami FL

City & State

Miami FL 33055

Zip

33055

Country

US.

Zip

33055

Country

U.S

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1079062

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

BRENDA D JACKSON

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

4417 NW 207 Dr

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33055

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

Brenda D Jackson
REGISTERED AGENT MUST SIGN

Date

May 28th 2004

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
<u>OWNER PRES</u>	<u>RONALD E JACKSON JR</u>	<u>4417 NW 207 Dr</u>	<u>Mia FL 33055</u>

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:

Ronald E Jackson Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-28-04
305
621-9234
Daytime Phone #

CR2E081 (01/04)