

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S45840**

1. Corporation Name

**GUESCH, INC.**

Principal Place of Business

1610 COLLINS AVE  
MIAMI FL 33139

Mailing Address

1610 COLLINS AVE  
MIAMI FL 33139

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

04/15/1998

5. FEI Number

65-0259641

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

FILED

01 JAN 29 AM 9:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



00-01 UBR

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	TORRE, GONZALO	1610 COLLINS AVE	MIAMI BCH. FL
S	TORRE, MARIA	1610 COLLINS AVE	MIAMI BCH. FL
			600003656696--0 -02/08/01--01004--012 ****150.00 ****150.00
			600003656696--0 -02/08/01--01004--013 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

~~MALLADA, ANA GOMEZ~~  
~~20460 S DIXIE HWY~~  
~~MIAMI FL 33139~~

9. Name and Address of New Registered Agent

Name **Gonzalo Torre**  
Street Address (P.O. Box Number is Not Acceptable)  
**1610 Collins Ave**  
Suite, Apt. #, Etc.  
City **Miami Beach** State **FL** Zip Code **33139**

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

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

1/25/01

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/01 305311125

CR2E040 (8/00)