

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

97 MAR 20 AM 11:20

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # V25556

1. Corporation Name
THE GUZMAN COMPANY OF MIAMI

Principal Place of Business: **9601 SW 40th Street Miami, FL 33169**

Mailing Address: **7780 S.W. 117th Avenue Suite 100 Miami, FL 33183**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/30/92	
City & State		City & State		5. FEI Number	
Zip		Country		65-0351338	
				Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS REQUIRED <input checked="" 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PTD	CALVO, RAFAEL GUZMAN	9600 SW 39th Street	Miami, FL 33165-4022
S	BOIKO, BRUCE	7780 SW 117th Avenue	Miami, FL 33183

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 -03/25/97--01047--025
 ****323.75 ****923.75

REINSTATEMENT 96-97
A. Alan
 3/20/97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Bruce M. Boiko, Esq. 7780 SW 117th Avenue Miami, FL 33183		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL
		Zip Code	

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]* **BRUCE M. BOIKO** Date: **3/17/97**

REGISTERED AGENT MUST SIGN

11. 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.)

12. 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]* **BRUCE M. BOIKO** Date: **3/17/97** Daytime Phone #: **305-274-5457**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR25040 (12/96)