

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. <b>CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b> |  |  |  |   |  |

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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 \*\*\*\*323.75 \*\*\*\*923.75

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

8. Name and Address of Current Registered Agent

**Bruce M. Boiko, Esq.**  
**7780 SW 117th Avenue**  
**Miami, FL 33183**

9. Name and Address of New Registered Agent

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**

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**

CFR25040 (12/96)