

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 MAY 23 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-07/20/01--01102--029
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JA

REINSTATEMENT 99-01

CORPORATION REINSTATEMENT

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

DOCUMENT # **V25556**

1. Corporation Name
The Guzman Company of Miami

2. Principal Office Address
155 S. Mia Ave.
Suite, Apt. #, etc.
PHI
City & State
Miami, Florida
Zip **33130** Country **US**

3. Mailing Office Address
(same)
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
3-30-92

5. FEI Number 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
Gustavo Gutierrez

Street Address (P.O. Box Number is Not Acceptable)
155 S. Miami Ave., PH I

Suite, Apt. #, Etc.
**900.00 - Adm
61.25 - AR
88.75 - ARsup**

City
Miami,

State
FL

Zip Code
33130

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 _____ Date **5-21-01**

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.	Rafael Guzman	155 S. Miami Ave.	Miami, Florida
V.Pres.	Rafael Guzman	" "	" "
Trea.	Rafael Guzman	" "	" "
Secre.	Gustavo Gutierrez	" "	" "

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: _____ Date **5-21-01** Daytime Phone # **305 372 1313**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Gustavo Gutierrez

CR2E081 (9/00)