

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**

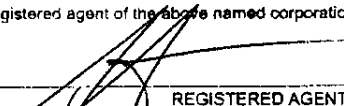
2. Principal Office Address <b>155 S. Mia Ave.</b> Suite, Apt. #, etc. <b>PHI</b> City & State <b>Miami, Florida</b> Zip <b>33130</b>		3. Mailing Office Address <b>(same)</b> Suite, Apt. #, etc. City & State Zip <b>33130</b>		Country <b>US</b>	
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4. Date Incorporated or Qualified To Do Business in Florida <b>3-30-92</b>	5. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name <b>Gustavo Gutierrez</b>	<b>900.00 - Adm</b>
Street Address (P.O. Box Number is Not Acceptable) <b>155 S. Miami Ave., PH I</b>	<b>61.25 - AR</b>
Suite, Apt. #, Etc.	<b>88.75 - AR Sup</b>
City <b>Miami,</b>	State <b>FL</b>
	Zip Code <b>33130</b>
	<b>8.75 - Cert</b>

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.

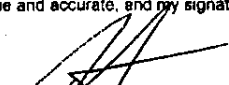
Signature of Registered Agent  Date **5-21-01**

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**

CR2E001 (9/00)