

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION  
REINSTATEMENT



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

00 FEB 21 PM 1:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # H93826

1. Corporation Name  
JORGE S. LAMADRID CONSTRUCTION CO. INC.

2. Principal Office Address  
1492 W. Flagler Street

3. Mailing Office Address  
1492 W. Flagler Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Miami FL

City & State  
Miami FL

Zip  
33140

Country  
USA

Zip  
33140

Country  
USA

REINSTATEMENT 96-00

4. Date Incorporated or Qualified  
To Do Business in Florida 1/1/86

5. FEI Number  
59-2626422

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name  
JORGE S. LAMADRID

Street Address (P.O. Box Number is Not Acceptable)  
1492 W. Flagler Street

Suite, Apt. #, Etc.

City  
Miami

State  
FL

Zip Code  
33140

800000136328-3  
-03/03/00 -01039-025  
\*\*\*1358.75 \*\*\*1358.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 2-17-00

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
P	Jorge S. Lamdrid	1492 W. Flagler Street Miami FL 33140	
V	Jorge S. Lamdrid	1492 W. Flagler Street Miami FL 33140	
T	Jorge S. Lamdrid	1492 W. Flagler Street Miami FL 33140	

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 807 or 817, 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 807.0401 or 817.0401, 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 118.07(3)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-00

305-649-7372

Date

Daytime Phone #

KE