

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 30 PM 12:28

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H93826**

1. Corporation Name

**Jorge S. Lamadrid Construction
Company, Inc.**

2. Principal Office Address

400 ALTON RD.

Suite, Apt. #, etc.

No. 3107

City & State

Mia. Bch., FL

Zip

33139

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 0304

4. Date Incorporated or Qualified
To Do Business in Florida

1-10-1986

5. FEI Number

592626422

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

Jorge Lamadrid

200028309562

02/05/04--01063--033 **150.00

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

400 ALTON RD.

Suite, Apt. #, Etc.

3107

200028309562

02/05/04--01063--034 **300.00

City

Miami Beach,

State

FL

Zip Code

33139

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

Jorge Lamadrid

REGISTERED AGENT MUST SIGN

Date **Jan 27, 04**

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 Lamadrid	400 Alton Rd #3107	Miami Bch., FL 33139
S	Jorge Lamadrid	400 Alton Rd. 3107	Miami Bch., FL 33139
T	Jorge Lamadrid	400 Alton Rd. 3107	Miami Bch., FL 33139

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:

Jorge Lamadrid

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 27 04

Date

786 395 0227

Daytime Phone #

CR2E081 (10/02)



LAMADRID CONSTRUCTION

January 27, 2004

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, Florida 32314

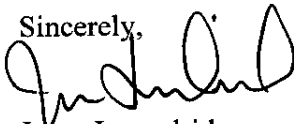
Dear Secretary of State,

I, Jorge Lamadrid, did not receive my corporate annual report forms for my corporation, Jorge S. Lamadrid Construction Company, Inc. since 2002. The address of 1492 West Flagler Street, my former office location, was sold and changed since 1998. I had been receiving my documents to 2915 Prairie Avenue up to 2002, at new address location. Since 2002, I have not received any documents on the corporation from the Secretary of State. My occupational license is active in Dade County, Florida with the correct address. I have since moved, as of October of 2003 to the new address on the reinstatement form.

Please see enclosed my reinstatement forms with the correct current address. I have enclosed my filing fees for the last two years of \$300.00 and I respectfully ask that the \$600.00 penalty fee be waived because of the confusion about the former address.

Thank you very much.

Sincerely,



Jorge Lamadrid