

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV -4 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K96544

1. Corporation Name

CK CONSTRUCTION ASSOCIATES, INC.

Principal Place of Business

Mailing Address

13000 BISCAYNE BLVD. SUITE #227
NORTH MIAMI FL 33181

13000 BISCAYNE BLVD. SUITE #227
NORTH MIAMI FL 33181



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

06/15/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0128073

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

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	COFFMAN, BERNARDO L.	12000 BISCAYNE BLV #244	NORTH MIAMI FL
VSD	COFFMAN, SARITA	13000 BISCAYNE BLV #227	NORTH MIAMI FL

400002003024-9
-11/13/96-0115-020
****236.25 ****236.25

400002003024-9
-11/13/96-0115-021
****147.50 ****147.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COFFMAN, BERNARDO
13000 BISCAYNE BLVD. #227
N MIAMI FL 33181

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9.16.96
Date

(305) 947-9407
Daytime Phone #

CR-2300 (7/96)