

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 17 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



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

DOCUMENT # L 88940

1. Corporation Name

Big Apple Demolition Removal, Inc.

2. Principal Office Address

3. Mailing Office Address

4701 NW 35th Ave

7757 NW 146th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, FL

Miami Lakes, FL

Zip

Country

Zip

Country

33142

33014

4. Date Incorporated or Qualified To Do Business in Florida

7/20/90

5. FEI Number

05-0209277

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 02-83

7. Name and Address of Current Registered Agent

Name

Roberto Saroza

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

10280 NW 9th Drive

900023871179

10/17/03--01018--025 **300 0

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33028

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

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
P.T.S	Robert Saroza	10280 NW 9 th Drive	P.Pines, FL 33028

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

✓ *Roberto Saroza*

9/7/03

(305) 256-4034

CR2E081 (8/00)

July 7, 2003

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

Attn: Reinstatements

Ref: Big Apple Demolition Removal, Inc.
Doc#: L88940

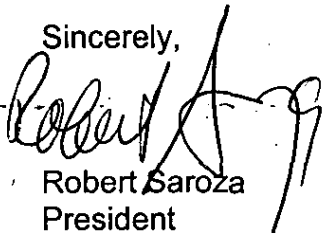
Please know that due to a wrong address we did not receive the UBR for 2002 and therefore our corporation was dissolved.

We request that you waive the penalty fee for non-filing and reinstate our corporation.

Enclosed is a reinstatement form along with a check in the amount of \$ 300.00 for years 2002 and 2003 (\$ 150.00 each).

Should you have any questions, please contact us.

Sincerely,



Robert Saroza
President