

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P00000036537

1. Corporation Name
Florida Demolition and Recycling Inc.

400012311474
02/11/03--01039--022 **300.00

2. Principal Office Address *2955 SW 8st*

3. Mailing Office Address *2955 SW 8st*

Suite, Apt. #, etc.
202

Suite, Apt. #, etc.
202

City & State
Miami, FL

City & State
Miami, FL

Zip Country
33135 USA

Zip Country
33135 USA

4. Date Incorporated or Qualified To Do Business in Florida *4-11-00*

5. FEI Number *65-0997502*

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

02-03 UBL

7. Name and Address of Current Registered Agent

Name *Teobaldo H. Fuentes*
Street Address (P.O. Box Number is Not Acceptable) *2955 SW 8street*
Suite, Apt. #, Etc. *202*
City *Miami*

State Zip Code
FL *33135*

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 *Teobaldo Fuentes* Date *1/9/03*
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
PD	<i>Teobaldo H Fuentes</i>	<i>2955 SW 8 Street #202</i>	<i>Miami, FL 33135</i>
VD	<i>Jina J. Fuentes</i>	<i>2955 SW 8 Street #202</i>	<i>Miami, FL 33135</i>
SD	<i>Jose T Fuentes</i>	<i>2955 SW 8 street #202</i>	<i>Miami, FL 33135</i>
TD	<i>Juan C. Fuentes</i>	<i>2955 SW 8 Street #202</i>	<i>Miami, FL 33135</i>

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: *Teobaldo Fuentes* Date *1/9/03* Daytime Phone # *(305) 541-0034*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)

2/2/03

Miami, Florida
January 9, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: P00000036537
FLORIDA DEMOLITION AND RECYCLING INC.
2955 SW 8 STREET 202
MIAMI, FL 33135

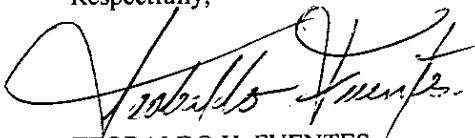
To Whom It May Concern:

Upon our conversation I'm enclosing the Corporation Reinstatement form due to the fact that I have not received any previous notices.

As per your request I'm enclosing the report with the \$300.00 fee that includes 2002 and 2003 fee, and requesting to your office waive the penalties incurred in this situation.

Thank you for your help and I hope that this can solve this matter and avoid further penalties.

Respectfully,



TEOBALDO H. FUENTES
PRESIDENT