PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. APPLICATION **Katherine Harris FOR** Secretary of State REINSTATEMENT

DIVISION OF CORPORATIONS

DOCUMENT # P00000055323

1. Corporation Name

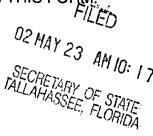
PYRAMID CONSTRUCTION SERVICES, INC.

Principal	Place of	Business	•
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Mailing Address

15822 SW 99 TERRACE MIAMI FL 33196

15822 SW 99 TERRACE MIAMI FL 33196



2- New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 4. Date Incorporated or Qualified To Do Business in Florida Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For Not Applied For Startus Desired Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Title(s) Name of Officers Street Address of Each Street Address of Each City State / Zip	If above addresses are inco	rrect in any way, line thro	ough incorrect in	nformation and e	nter correction below.					
Suite, Apt. #, etc. Suite, Ap	-2. New Principal Office Address, If Applicable 3. New Mailing Office Addr				s If Applicable	4. Date Incor	porated or Qualified	,,		
City & State City & State Country Zip Country Zip Country Zip Country Certificate Or Status Desired 6. Certificate Or Status Desired 6. Certificate Or Status Desired 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Title(s) Name of Officers and/or Directors 3. Street Address of Each Officers Officer and/or Director 4. City / State / Zip PD VELASQUEZ, CLAUDIA I 15822 SW 99 TERRACE MIAMI FL 33196 88. 75 - Aprug 10.00 - Apraho 88. 75 - Aprug 10.01 - Apraho 88. 75 - Aprug 10.02 - Apraho 10.03 - Apraho	Suite, Apt. #, etc. Suite, Apt. #			#, etc.		06/07/2000				
Zip Country Zip Country Countr	City & State					I Applied				Applied For
Country Certificate of Status Desired 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Title(s) Name of Officers and/or Directors Street Address of Each Officer and/or Directors Street Address of Each Officer and/or Directors Street Address of Each Officer and/or Directors WIAMI FL 33196 ####300.00 - ARCHIP BUILDEDS 754655 = 132	City & State City & State						- 1015530 Not Appli			Not Applicable
Name of Officers and/or Directors Street Address of Each Officer and/or Director 4 City / State / Zip	Zip Co	untry	Zip	Co	puntry		E OF STATUS DESIRED	□ \$8.7	5 Addition	onal Fee required licate of Status
Name of Officers and/or Directors Street Address of Each Officer and/or Director 4 City / State / Zip	7. Names and Street Address	ses of Each Officer and/o	or Director (Flor	rida nonprofit cor	porations must list at lea	ast 3 directors)			_	<u></u>
####300.00 *****300.00 8. Name and Address of Current Registered Agent Name VELASQUEZ, CLAUDIA I 15822 SW 99 TERRACE DO.D ARAPC SW - A	Title(s)	Name of Officers		-	Street Address of Each	h	4	City / Sta	ite / Zip	
Street Address (P.O. Box Number is Not Acceptable)				15822 SW 99 TERRACE						
Street Address (P.O. Box Number is Not Acceptable)							á	01.2	25-	AR
Street Address (P.O. Box Number is Not Acceptable)			- -			-		10.0	D)-	ARAPA
*****300.00 *****300.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name VELASQUEZ, CLAUDIA I 15822 SW 99 TERRACE Street Address (P.O. Box Number is Not Acceptable)							8	38.	75 -	AREUR
VELASQUEZ, CLAUDIA I 15822 SW 99 TERRACE Name Street Address (P.O. Box Number is Not Acceptable)							 	?01	122-	-007 -
VELASQUEZ, CLAUDIA I 15822 SW 99 TERRACE Name Street Address (P.O. Box Number is Not Acceptable)	8. Name and	Address of Current R	legistered Ager	nt		9. Name and	Address of New Regis	tered A	gent	
VELASQUEZ, CLAUDIA I 15822 SW 99 TERRACE Street Address (P.O. Box Number is Not Acceptable)	محاصفتان المدفأت عرامير محا	rasi urga ikimilarik iki baya	e in the single	···						
15822 SW 99 TENHACE	VELASQUEZ, CLAUDIA	1					is Not Assentable)		<u>معر حد عہ</u>	· ·
MIAMI FL 33196 Suite, Apt. #, Etc.	15822 SW 99 TERRACE				Orrodi Address (r	.C. BOX NUMBER	is Not Acceptable)			
	MIAMI FL 33196				Suite, Apt. #, Etc.	Suite, Apt. #, Etc.				
City State Zip Code	<u></u>		<u> </u>		City				Zip Cod	le
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.					r with and accept the ob	oligations of Secti	on 607.0505, F.S.		L	
Signature of Pagent Date	Signature of Registered Agent						Date			1
REGISTERED AGENT MUST SIGN	•	REG	SISTERED AGE	NT MUST SIGN			Daic			

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: <