

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2005 NOV 3 AM 8:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000045360

1. Corporation Name

BODIN CONSTRUCTION, INC.

2. Principal Office Address

1529 NW SOUTH RIVER DR

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33125

Country

US

3. Mailing Office Address

1529 NW SOUTH RIVER DR

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33125

Country

US

**REINSTATEMENT**

02-05

4. Date Incorporated or Qualified To Do Business in Florida

05/04/2001

5. FEI Number

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

AMORY BODIN

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

4632 SW 10TH STREET

Suite, Apt. #, Etc.

City

MIAMI

State  
FL

Zip Code  
33134

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

*Amory Bodin*

REGISTERED AGENT MUST SIGN

Date 11/1/05

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	ERIC BODIN	1529 NW SOUTH RIVER DR	MIAMI, FL 33125
V	AMORY BODIN	4632 SW 10TH ST	MIAMI, FL 33134

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11/03/05 01042 011 \*\*1200.00

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:

*Amory Bodin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/05  
Date

305-303-4578  
Daytime Phone #