

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -7 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000113501

1. Corporation Name

V & M Construction Group Inc.

2. Principal Office Address

14500 SW 71LN

Suite, Apt. #, etc.

3. Mailing Office Address

14500 SW 71LN

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33183

Country

Dade

Zip

33183

Country

Dade

4. Date Incorporated or Qualified
To Do Business in Florida

2001

5. FEI Number

01-0551865

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

02-01

5-9-03 01/04/8 021 \$308.75

7. Name and Address of Current Registered Agent

Name

Victor Moussa

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

14500 SW 71LN

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33183

REINSTATEMENT

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

Victor Moussa

Date 04-28-04

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
DPST	MOUSSA, VICTOR	14500 SW 71LN	Miami, FL 33183

500036938975
05/19/04--01061--018 **750.00

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: Victor Moussa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 04-28-04 (305) 796-7817
Daytime Phone #

CR2061 (01/04)