

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY -6 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO2000032326**

1. Corporation Name
M.A. Construction Group, Inc.

2. Principal Office Address
9706 N.W. 127 Ter.

Suite, Apt. #, etc.

City & State
Hialeah Gardens, Fl.

Zip Country
33018 Dade

3. Mailing Office Address
9706 N.W. 127 Ter

Suite, Apt. #, etc.

City & State
Hialeah Gardens, Fl.

Zip Country
33018 Dade

500035552525
05/06/04--01012--007 **300.00

03-04

4. Date Incorporated or Qualified To Do Business in Florida
3/25/02

5. FEI Number
01-0667097

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

7. Name and Address of Current Registered Agent

Name
Miguel Murillo

Street Address (P.O. Box Number is Not Acceptable)
9706 N.W. 127th Terrace

Suite, Apt. #, Etc.

City
Hialeah Gardens, Fl.

REINSTATEMENT

State Zip Code
FL 33018

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 **[Signature]** Date **4/26/04**

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
Pd	Miguel Murillo	9706 N.W. 127th Ter. Hialeah Gardens, Fl.	33018
STD	Alba Zelaya	9706 N.W. 127th Ter.	Hialeah Gardens, Fl. 33018

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]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/26/04** Daytime Phone # **954/829-1706**

CR2E081 (07/04)

M.A. CONSTRUCTION GROUP, INC
9706 N.W. 127TH TERRACE
HIALEAH GARDENS, FLORIDA 33018
954/829-1706

FLORIDA DEPT. OF REVENUE
RINSTATEMENT DEPT.
P. O. Box 6327
Tallahassee, GL 32314

REF: P02000032326
M.A. CONSTRUCTION

To whom it may concern:


Please be advised that I was informed by my accountant that corporation had never been renewed.

I opened this corporation in the year 2002 which I was never told it had to be renewed every year until now. During the year 2002 I moved and therefore never received any notification that this had to be done.

I called the Dept of Revenue and advised to submit \$ 150.00 per year and also a letter advising charge of address - old address was: 651 N.W. 42nd Court # 111 Pompano Beach, FL 33064.

I have also enclosed the Re-instatement Form as advised.

Thank you and best regards,


Miguel Murillo
President