


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **FILED**

112

CORPORATION REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P04000077229**

1. Corporation Name
DELUJO CONSTRUCTION CORP.

2. Principal Office Address
9445 SW 45 Terr

3. Mailing Office Address
3813 SW 8 ST

Suite, Apt. #, etc.

City & State
Miami FL

City & State
CORAL Gables, FL

Zip
33165

Country
DADE

Zip
33134

Country
DADE

2005 NOV -7 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700061219107
11/07/05--01060-013 **150.00

REINSTATEMENT 05

4. Date Incorporated or Qualified To Do Business in Florida
5/13/2004

5. FEI Number
20-3463157

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

Applied For
Not Applicable

7. Name and Address of Current Registered Agent

Name
Xiomara S Dominguez

Street Address (P.O. Box Number is Not Acceptable)
3813 SW 8 ST

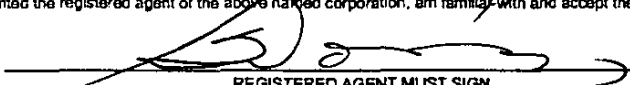
Suite, Apt. #, Etc.

City
CORAL Gables

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.

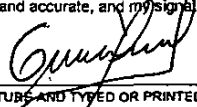
Signature of Registered Agent  Date **11/3/05**

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
DP	TADIANA CRUZ	9445 SW 45 Terr	Miami, FL 33165
DVTS	GUSTAVO A. Yabrudi	9445 SW 45 Terr	Miami, FL 33165

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)(f), 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:  **GUSTAVO A. YABRUDI** Date **11/3/05** (305) 443-2833

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR20041 (07/05)

11/8aw

212

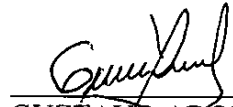
DELUJO CONSTRUCTION, CORP.
9545 SW 45 TERR.
MIAMI, FL, 33165

TO:
DIVISION OF CORPORATIONS
P.O.BOX 6327
TALLAHASSEE, FL 32314

Per instructions from the Division of Corporations, I am attaching a Check in the amount of \$150.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years, 2005 or any other notice from the Division of Corporations in respect with the Corporation, DELUJO CONSTRUCTION CORP.

Thank you for your courtesy in this matter.



GUZTAVO ADOLFO YABRUDI
VICE-PRESIDENT