

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 OCT -1 PM 4: 53


STATE
REINSTATEMENT

600161241946
10/01/09--01035--009 **308.75

REINSTATEMENT
CR2E081 (12/08)

08-09

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000041274

1. Corporation Name

Maracara Construction, Inc.

2. Principal Office Address - No P.O. Box #

11527 Thurston Way

3. Mailing Office Address

11527 Thurston Way

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32837

Country

U.S.A.

Zip

32837

Country

U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

04/02/2007

5. FEI Number
20-8756126

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
Klauss Noel Maracara

Street Address (P.O. Box Number is Not Acceptable)
115727 Thurston Way

Suite, Apt. #, Etc.
N/A

City
Orlando

State
FL

Zip Code
32837

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 9-26-09

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	Klauss Noel Maracara	115727 Thurston Way	Orlando, FL 32837

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 contained in Chapter 119, 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:

[Handwritten Signature]

President

09/26/2009

407-914-8839

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/1/09