	PLI	EASE READ A				OMPLETING	THIS FORM.		
APPLICATION FOR			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State			FILEO			
				VISION OF CORPORATIONS		97 MAR	14 MIII: 26		
DOCUMENT # P93000016349 1. Corporation Name CONSTRUCTION UNLIMITED, INC.						SECRETARY OF STATE TALLAHASSEE, FLORIDA			
								. 10	
93 S. ROYAL POINCIANA BLVD MIAMI SPRINGS, FL 33166						REINST	ATEMENT	96-17	
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable						Date Incorporated or Qualified			
Suite, Apt #	. etc		Suite, Apt. #, etc.	iuite, Apt. #, etc.			To Do Business in Florida 02/25/1993 5. FEI Number Applied For		
City & State			City & State			5. FEI Number Applied For Not Applicable			
Z ıp	Co	untry	Zip	Country		6. CERTIFICATE OF S		dditional Fee required Certificate of Status	
7. Names a	ind Street Address	es of Each Officer and/o	I or Director (Florida noi	nprofit corporati	ons must list at lea	st 3 directors)			
Title(s)	Name of Officers and/or Directors ?			Stree Office	et Address of Each cer and/or Director e Post Office Box N	1	City / State /	Zip	
1						300	-03/18/97010	99-7 69-006 ***915.00	
8. Name and Address of Current Registered Agent Name						9. Name and Addre	ss of New Registered Age		
MARTINEZ, MANUEL 93 S. royal Ponciana Blvd. Miami Spring s, F1 33166					Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #. Etc. City State Zip Code				
10 L beina	appointed the req	istered agent of the abo	ve named corporation,	, am familiar witl	•	bligations of Section 60	FL		
_		a INT	COMP GISTERIED AGENT N				Date		
11. Do	pes this corept. of Reve	poration pay a enue under S.	intangible	tax to the	e ites. Yes	X No 🗆	(See other side fo on intangible		
this rein	statement applicate the corporation happlication is true a	ion, the reason for disso ave been paid and the r and accurate, and my sig	ilution has been elimin names of individuals lis	ated, the corpor sted on this form	ate name satisfies n do not qualify for	the requirements of se an exemption under se	607 or 617, F.S. I further cert ction 607.0401 or 617.0401, ection 119.07(3)(i), F.S. The	F.S., that all fees	
SIGNAT	TURE: SIGNA	Maurul TURE AND TYPED OR PM	Marting NTED NAME OF SYSNING	G OFFICER OR D	RECTOR	3/11/	Date Daytim	e Phone #	