

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

DOCUMENT # **P97000068891**

1. Corporation Name

MUNILLA CONSTRUCTION MANAGEMENT CORP.

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1401 S.W. 1ST STREET
 SUITE 205
 MIAMI FL 33135

1401 S.W. 1ST STREET
 SUITE 205
 MIAMI FL 33135



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~4201 SW 70 Street~~

~~Suite, Apt. #, etc.
 2nd Floor~~

~~City & State
 Miami, Florida~~

~~Zip
 33143~~

~~Country
 USA~~

3. New Mailing Office Address, If Applicable

~~4201 SW 70 Street~~

~~Suite, Apt. #, etc.
 2nd Floor~~

~~City & State
 Miami, Florida~~

~~Zip
 33143~~

~~Country
 USA~~

4. Date Incorporated or Qualified To Do Business in Florida

08/08/1997

5. FEI Number

65-0828428

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MUNILLA, JUAN DELETE	6030 S.W. 114TH STREET	MIAMI FL 33156
D	MUNILLA, FERNANDO	5846 S.W.81ST STREET	MIAMI FL 33143
D	MUNILLA, JORGE DELETE	7231 SUNSET DRIVE	MIAMI FL 33143
D	MUNILLA, RAUL DELETE	11401 S.W. 69TH AVENUE	MIAMI FL 33156

REINSTATEMENT 2000
 [Signature]

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MUNILLA, JORGE
 7231 SUNSET DRIVE
 MIAMI FL 33143

Name Pedro Munilla
 Street Address (P.O. Box Number is Not Acceptable) 4201 SW 70 Street
 Suite, Apt. # Etc. 2nd Floor 2000003496302--3
 City Miami -12/12/00 State FL Code DUL
 ***758-75 ***758-75

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

Date

11/7/00

REGISTERED AGENT MUST SIGN

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/7/00

Daytime Phone #

305/345-4444

CR2E040 (8/00)