PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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	RPORATION STATEMENT	Secret	ARTMENT OF STATE cary of State from From Portions			9 PH 2: 41	
DOCUMENT # P97000072938 1. Corporation Name					SECRETAR TALLAHASSE	EE, FLORIDA	
Aldo's Construction, Inc.				A			
2. Principa 1367	office Address 76 Hamlin Blvd	3. Mailing Office Ad 13676 H			STATEMENT	04-06	
Suite, Apt. #, etc.				4. Date Incorp	porated or Qualified (OO / 1 C	04	
City & State Wes	t Palm Beach, Fl	West Palm Beach, FI			Date Incorporated or Qualified 70 Do Business in Florida 08/29/1994 Applied For Not Applicable		
33412 ÜSA 3		33412	ŰŠA	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status		ditional Fee required	
7. Name and Address of Current Registered Agent							
	Suite, Apt. #, Etc. Boynton Beach State FL State FL						
8. I, being appointed the registered agent of the paloe of named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S., Signature of Registered Agent Date Page 1. Description of the registered agent of the page 2. Description of the page 3. Descri							
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		
Р	Marlena Basile		13676 Hamlin Blvd		West Palm Beach, Fl		
					33412		
			08/23/06-		**1050.00		
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 filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							