

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JAN 25 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99006031820**

1. Corporation Name

VERDUGO CONSTRUCTION, INC.

400003631234--2
-02/02/01--01108--015
****900.00 ****900.00

2. Principal Office Address

3480 S.W 14th ST

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

City & State

Zip

Country

33312 BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

4/7/1999

5. FEI Number

65-0911299

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

MARIA D. CASTRO

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

850 E. COMMERCIAL BOULEVARD

Suite, Apt. #, Etc.

#151

City

FORT LAUDERDALE

State

FL

Zip Code

33334

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

1/18/01

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	SERGIO CASTRO	3480 SW 14th STREET	FORT LAUDERDALE, FL 33312
V	MARIA D. CASTRO	850 E. COMMERCIAL BIV.	FORT LAUDERDALE, FL 33334

REINSTATEMENT 01-01-01

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)(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:

[Handwritten Signature]

MARIA D. CASTRO

Date

1/18/01

Daytime Phone #

305-821-1331

CR2E081 (9/00)