

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAR 14 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

V63867

1. Corporation Name

W. KREKELER CONSTRUCTION, INC

2. Principal Office Address

19055 S.W. 128 AVE.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

1993

City & State

MIAMI, FLORIDA

City & State

MIAMI,
FLORIDA

5. FEI Number

65-0387455

Applied For

Not Applicable

Zip

33177

Country

U.S.A.

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

William Krekeler

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

19055 SW 128 AVENUE

Suite, Apt. #, Etc.

500003182685--7

-03/24/00--01041--01

***1800.00 ***1800.00

City

MIAMI, FLORIDA

State

FL

Zip Code

33177

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

William Krekeler

REGISTERED AGENT MUST SIGN

Date 1/20/00

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
D/P/S	WILLIAM KREKELER	19055 SW 128 AVE	MIAMI, FLA 33177

REINSTATEMENT 93 = 00 ITS

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:

William Krekeler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/00

Date

(305)342-1567

Daytime Phone #

CP2E081 (9/99)