

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

11 MAR 21 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V63867

1. Corporation Name

W. KREKELER CONSTRUCTION, INC.

REINSTATEMENT
2002-2011
ARB 3/1

2. Principal Office Address - No P.O. Box #

19055 SW 128 AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

19055 SW 128 AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33177

Country

USA

Zip

33177

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/15/92

5. FEI Number

650387455

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

WILLIAM KREKELER

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

19055 SW 128 AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33177

300198592783
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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 Krekel

Date

3/1/11

REGISTERED AGENT MUST SIGN

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/D	WILLIAM KREKELER	19055 SW 128 AVE	Miami, Fla.

10. E-mail Address: barturenlaw@yahoo.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

William Krekel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/1/11

Daytime Phone #