

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 97 JAN -6 PM 2:44  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **V66288**

1. Corporation Name  
**ARKITEX CONSTRUCTION CORP.**

Principal Place of Business	Mailing Address
9600 S.W. 8TH ST. #37 MIAMI FL 33174	9600 S.W. 8TH ST. #37 MIAMI FL 33174

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

2. New Principal Office Address, if Applicable	3. New Mailing Office Address, if Applicable	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	09/24/1992
City & State	City & State	5. FEI Number
Zip	Country	65-0357760
		Applied For
		Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>
		\$8.75 Additional Fee required for a Certificate of Status

**REINSTATEMENT**

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	ALVAREZ, RAUL A., JR	9600 S.W. 8TH ST. #37	MIAMI FL
			800002051978--3 -01/09/97--01021--010 ****375.00 ****375.00
			97-10-97

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
ALVAREZ, RAUL A., JR. 9600 S.W. 8TH ST. #37 MIAMI FL 33174	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <b>FL</b> Zip Code

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 REGISTERED AGENT MUST SIGN Date \_\_\_\_\_

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. 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: REGISTERED AGENT MUST SIGN

CAREC016 (7/96)