

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 AUG -6 PM 3: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

M30851

1. Corporation Name

SOUTH CONSTRUCTION CORPORATION
M30851

98-03 Reinstatement

2. Principal Office Address

3204 SHIPPING AVE

Suite, Apt. #, etc.

3. Mailing Office Address

3204 SHIPPING AVE

Suite, Apt. #, etc.

City & State

MIAMI FLA

Zip

33133

Country

USA

City & State

MIAMI FLA

Zip

33133

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/22/1986

5. FEI Number

592671706

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

Michael South

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

3992 Loquat Ave

Suite, Apt. #, Etc.

City

Coconut Grove, ~~FL~~ ~~33133~~

State

FL

Zip Code

33133

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 7/22/03

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
PD	MICHAEL SOUTH	3204 SHIPPING AVE	MIAMI FL 33133

[Signature]
8/7/03

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/03 (305) 445 5992

Date

Daytime Phone #

CR2E031 (10/02)

98 (1-0-02)