

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**

98 DEC 14 PM 2:02

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # 401452

1. Corporation Name

BARECE CONSTRUCTION CORP.

Principal Place of Business

Mailing Address

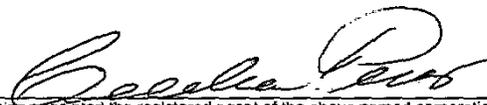
**REINSTATEMENT**

97-98

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

2. New Principal Office Address, If Applicable 8701 S.W. 12 Street Suite, Apt. #, etc. Unit 14 City & State Miami, Florida Zip 33174		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 5/18/72	
				5. FEI Number 59-1414943	
				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED				\$8.75 Additional Fee required for a Certificate of Status	

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
P/S/T/D	CECILIA PEREZ	8701 S.W. 12 Street #14	Miami, Florida 33174

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name CECILIA PEREZ	
		Street Address (P.O. Box Number is Not Acceptable) 8701 S.W. 12 Street	
		Suite, Apt. #, Etc. Unit 14	
		City Miami	State FL

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

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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)(f), 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:  Cecilia Perez 12/11/98 (305) 649-7600  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2000 (1/98)