

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 OCT 30 AM 9:58

DOCUMENT # 614466

1. Corporation Name
CONSTRUMAT, INC.

REINSTATEMENT 1997

Principal Place of Business 1611 SOUTHWEST 32ND AVENUE MIAMI FL 33145-1829	Mailing Address 1611 SOUTHWEST 32ND AVENUE MIAMI FL 33145-1829
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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 04/05/1979	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2620647	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PD	VILLAANIL, ANTHONY	1611 SW 32 AVE	MIAMI FL 33145
DS	VILLAAMIL, GLORIA H	1611 SW 32 AVE	MIAMI FL 33145
			200002938068--8 -11/04/97--01088--003 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

VILLAAMIL, ANTHONY
1611 SW 32 AVE
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code
	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 *Anthony Villaamil*
REGISTERED AGENT MUST SIGN

Date 10-27-97-

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)(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: *Gloria H. Villaamil* (Gloria H. Villaamil) 10/27/97 305-445-9673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/97)