

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 21 PM 2:15

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **G93429**

1. Corporation Name

WATERFRONT CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

860 E. 16TH PLACE
 HIALEAH FL 33010

860 E. 16TH PLACE
 HIALEAH FL 33010

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

03/27/1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2400535

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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
DP	RIVAS, ARGELIO A.	860 E. 16TH PLACE	HIALEAH, FL
D	RIVAS, MAGALY	860 E. 16TH PLACE	HIALEAH FL
<p>REINSTATEMENT 98.12.23/98</p> <p>509002724455--2 -12/29/98--01019--022 ****750.00 ****750.00</p>			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RIVAS, ARGELIO A.
 860 E. 16TH PLACE
 HIALEAH FL 33010

Name

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

Suite, Apt. #, Etc.

City

State
FL

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

M. Argelio A. Rivas
SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date

12-12-98

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:

M. Argelio A. Rivas
SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/12/98 887-6432

CR2E040 (9/99)