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٩,	PLEAS	SE READ A	ALL INST	RUCTIONS	BEFORE (COMPLET	ING THIS FORM.		
. APPLICATION FLORIDA DEPARTMENT OF STA									
FOR				Sandra B. Mortham					
REINSTATEMENT			Di	Secretary of IVISION OF CORP		FILED			
						-{	E Chesso from Land		
DOC	JMENT #	н05211			, ,	98	8 FEB 13 PM 2: 36	i	
1. Corpora	tion Name				•				
i	BURT CONS	TRUCTION	, INC.	- 1	1	TAI	ECRETARY OF STATE LAHASSEE, FLORIDA	<u> </u>	
	Principal Place of Business Mailing Address						William Colling	`	
Principal Place of Business 100-Chopin-Piaza Mailing A				Address hopin-Pie	za				
Buite-1500 Suite				- 1 5 00				TO ME	
Miami7-Fb-33131- Miami7-Fb33131-							nstatemen	011-010	
tf above addresses are incorrect in any way, line through incorrect information and enter correction						1.1 Pal	DO NOT WRITE IN THIS SPACE	F	
New Principal Office Address, If Applicable 3. New I				ng Address, If Appli S.W. 80	cable	Date Incorporated or Qualified To Do Business in Florida			
			Suite, Ap1. #,		street	5, FEI Number			
City & State City & State						5. FEI NUMBE		Applied For Not Applicable	
Miami, FL Miami Zip Country Zip			, FL Coun	In	6.	\$8.75	Additional For required		
33183	•		33183	000	USA	CERTIFICATI	E OF STATUS DESIRED 101 a	Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each									
Title(s)				l c	of Addiess of Each Officer and/or Director Use Post Office Box I	City / State / Zip			
P/D						reet Miami, FL 33183			
S/T/ D				13041 S.W. 80 Street			Miami, FL 33	183	
	Clamery variety in 13041 bins of ber								
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							-03/05/9801103- - 003		
	<u>.</u>						***1711.25)***1/ 1X1.2 5	
							9"	11/2	
							1		
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent			
Corporation Company of Miami						SAME			
TOO CHODIN TIANA						Street Address (P.O. Box Number is Not Acceptable) 201 S. Biscayne Blvd. Suite, Apt. #, Etc.			
City State Zip Code									
Miami FL 33131 10. I, being appointed the registered expect of the above parged corporation and accept the obligations of Section 607.0505, F.S.									
	- (CHON LOON	Frank Confe	Tauon Laminar	with and accept the o	Dilgations of Sect	οιι 607,0305, P.S.	_	
Signature of Registered Agent By: Date 2/3/98 JIII Zamunas, Assi. Seregistered Agent Must sign									
THE OSTERIOU AGENT MOST SIGN									
11. Does this corporation pay any intangible tax to the (See other side for information									
Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intengible tax.)									
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutés. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 filling the corporate provided the corporate provided the following of section 607 (401, F.S. and that all									
lease th	ne Division of Corporation hat I am an officer or dir	ns from any liability ector or the receiv	of non-compli er or trustee er	ance with Section 1 mpowered to execu	19.07(3)(k) in the eve te this application as	ent that the inform provided for in c	iation supplied is deemed exempt hapter 607 or 617, F.S. I further c	from public access. I sertify that when filing	
this reinstatement application the receiver or trustee empowered to execute this application as provided for in chapter 607 of 617, F.S. Further certified 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., and that all fees owed by the corporation have been paid. 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: Towned B. Cramer 2/9/98 (305) 386-1343									
SIGNATURE:									