

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 AUG -6 PM 3:28

DOCUMENT #

H98934

1. Corporation Name

Corp.

Prefab Overseas International

2. Principal Office Address

1268 Palm Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

17530 N.W. 85 Ave.

Suite, Apt. #, etc.

City & State

Hialeah Florida

City & State

Miami Florida

Zip

33010

Country

DADE

Zip

33015

Country

DADE

**REINSTATEMENT**

16-01

4. Date Incorporated or Qualified  
To Do Business in Florida

2/11/1986

5. FEI Number

59-2696617

Applied For

SP

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Lilia Rodriguez

200004551512-7

-08/23/01-01004-009

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

17530 N.W. 85 Ave.

\*\*\*1500.00 \*\*\*1500.00

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33015

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

Lilia Rodriguez

REGISTERED AGENT MUST SIGN

Date 8/2/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---------------------------------------------------|--------------------|
| P.     | Lilia Rodriguez                      | 17530 N.W. 85 Ave.                                | Miami FL 33015     |
| VP.    | Eudene Rodriguez                     | 17530 N.W. 85 Ave                                 | Miami FL 33015     |
|        |                                      |                                                   |                    |
|        |                                      |                                                   |                    |
|        |                                      |                                                   |                    |
|        |                                      |                                                   |                    |

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:

Lilia Rodriguez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)