PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J46658

1. Corporation Name FAMDOM CONSTRUCTION COMPANY, INC.

Principal Place of Business	Mailing Address
N/A	P.O. Box 441126 Miami, Florida 33144

REINSTATEMENT 98-99

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
N/A	P.O. Box 441126
Suite, Apt. #, etc.	N/A
City & State	Miami, Florida
Zip / Country	33144 / USA

4. Date Incorporated or Qualified To Do Business in Florida: November 20,1986

5. FEI Number: 59-2745269 (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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	Efrain Dominguez	7860 N.W. 71st.St. # 302	Miami, Florida 33166

600002789926--3
-03/01/99--01006--018
****900.00 ****900.00

600002789926--3
-03/01/99--01006--019
******8.75 ******8.75

8. Name and Address of Current Registered Agent

Efrain Dominguez
11410 N. Kendall Drive
Suite # 202
Miami, Florida 33176

9. Name and Address of New Registered Agent

Name: Josefina Perez-Cofino
Street Address (P.O. Box Number is Not Acceptable): 7860 N.W. 71st. Street
Suite, Apt. #, Etc.: Suite # 302
City: Miami
State: FL
Zip Code: 33166

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: Josefina M Perez-Cofino
REGISTERED AGENT MUST SIGN

Date: Feb. 24, 1999

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [ ]

(See other side for information on taxable status)

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)(i), Florida Statutes. I further release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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 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., and 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: E. Dominguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Daytime Phone #