PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State Division of corporations	FILED 2006 NOV -3 PM 2:33 SECRETARY STATE TALLAHASSEE, FLORIDA
DOCUMENT # J68491 1. Corporation Name REYCO CONSTRUCTION COMPANY INC		₩.
2. Principal Office Address 3. Mailing Office Address		CR2E081 (12/05)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 4/21/1987
City & State TAMPA FU Zip Country	City & State Zip Country	5. FEI Number
3369 Country	Σώρ Country	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent Name		
JESUS MANES Street Address (P.O. Box Number is Not Acceptable) 304 W. KENNEDY BLVD. Suite, Apt. #, Etc.		
TAMPA State Zin Code FL 33609		
8. I, being appointed the registered agent of the above hamed corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Date 10 26 06		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D JESW MANE	S 3641 W. KENNED	
VPD JOSE REYES	3641 W. KENNEDY	BWD TAMPA FL 33609
11/03/0601030013 **2250.00		
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 filling 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 contained in Chapter 119, 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: JESUS MANES 10 26 06 (83)546-15 10 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRES: Date Daytime Phone #		