

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # K01538

1. Corporation Name

ICA CONSTRUCTION CORPORATION

Principal Place of Business

Mailing Address

2655 LEJEUNE ROAD  
STE 1000  
CORAL GABLES FL 33134  
US

1424 W SAM HOUSTON  
#180  
HOUSTON TX 77043  
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/09/1987

5. FEI Number

65-0071720

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 3	City / State / Zip 4
VP	SEPULVEDA, BERNARDO	2655 LEJEUNE RD, 1000	CORAL GABLES FL 33134
PD	HERNANDEZ, ANTONIO	2655 LEJEUNE RD, 1000	CORAL GABLES FL 33134
VPT	MONTANO, SERGIO	2655 LEJEUNE RD, 1000	CORAL GABLES FL 33134
VD	VIDAL, ULISES	1424 W SAM HOUSTON STE 180	HOUSTON TX 77043
V	GUERRERO, JOSE L	2655 LEJEUNE RD, 1000	CORAL GABLES FL 33134
VPS	SERINA, QUIRICO	2655 LEJEUNE RD, 1000	CORAL GABLES FL 33134

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MALE, MICHAEL H.  
3250 MARY ST  
SUITE 303  
MIAMI FL 33133

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

OCT 23, 2001

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

OCT 23, 2001

CR2E040 (8/01)