

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # K01538

1. Entity Name
ICA CONSTRUCTION CORPORATION



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 NOV -9 PM 4:11

Principal Place of Business
2655 LEJEUNE ROAD
STE 120
CORAL GABLES, FL 33134 US

Mailing Address
908 TOWN & COUNTRY BLVD
#120
HOUSTON, TX 77024 US

10/29/07 01046 008 7500

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10092007 REIN-P CR2E098 (1/07)

4. FEI Number
65-0071720

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. 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)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE MICHAEL MALE

11-05-07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE VP
NAME SEPULVEDA, BERNARDO ☐ Delete
STREET ADDRESS 2655 LEJEUNE RD, 1000
CITY-ST-ZIP CORAL GABLES FL, 33134

TITLE PD
NAME HERNANDEZ, ANTONIO ☐ Delete
STREET ADDRESS 2655 LEJEUNE RD, 1000
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE VPT
NAME MONTANO, SERGIO ☐ Delete
STREET ADDRESS 2655 LEJEUNE RD, 1000
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE VD
NAME VIDAL, ULISES ☐ Delete
STREET ADDRESS 1424 W SAM HOUSTON STE 180
CITY-ST-ZIP HOUSTON, TX 77043

TITLE V
NAME GUERRERO, JOSE L ☐ Delete
STREET ADDRESS 2655 LEJEUNE RD, 1000
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE VPS
NAME SERINA, QUIRICO ☐ Delete
STREET ADDRESS 2655 LEJEUNE RD, 1000
CITY-ST-ZIP CORAL GABLES, FL 33134

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

REINSTATEMENT

B 11/13/07

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: QUIRICO, SERINA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-05-07 (713) 984 7628
Date Daytime Phone #