

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT -9 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K 44930**

1. Corporation Name

Century Homebuilders Incorporated

2. Principal Office Address

7270 NW 12th Street

Suite, Apt. #, etc.

410

City & State

Miami, FL

Zip

33126

Country

USA

3. Mailing Office Address

7270 NW 12th Street

Suite, Apt. #, etc.

410

City & State

Miami, FL

Zip

33126

Country

USA

REINSTATEMENT

10-3-03 01007 013 758.75

4. Date Incorporated or Qualified
To Do Business in Florida

11/14/1988

5. FEI Number

65-0116528

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Reilly, Keyla A

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

7270 NW 12th Street

Suite, Apt. #, Etc.

410

City

Miami

State

FL

Zip Code

33126

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/04/03

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
PD	Sergio Rino	7270 NW 12th St. #410 Miami, FL 33126	Miami, FL 33126
VTD	Mark Janz	"	"
SDV	Keyla Albe-Reilly	"	"
DV	Thomas Iglesias	"	"
DV	Cesar Llano	"	"

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/03/03
Date

(305) 594-8100
Daytime Phone #

CR2E081 (10/02)