

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 02 NOV - 8
 L0100008033

1. DOCUMENT # L0100008033
 Name and Mailing Address

0009847 01 FP 0.352 **PRSRT H4 0 0615 32963-264866
 PLATINUM U.S.A. CONTRACTING, LLC
 1566 SHORELANDS DRIVE EAST
 VERO BEACH FL 32963-2648



REINSTATEMENT 2002

2. New Mailing Address 5111 N NEBRASKA AVE. City, State, Zip Tampa FL 33603		4. State/Country of Formation FL
Principal Place of Business 1566 SHORELANDS DRIVE EAST VERO BEACH FL 32963		5. Date Organized or Qualified To Do Business in Florida 05/21/2001
3. New Principal Place of Business Address City, State, Zip		6. FEI Number <input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
8. Name and Address of Current Registered Agent DAVIS ACCOUNTIG 5111 N. NEBRASKA AVE. TAMPA FL 33603		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status

9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 100008896901 City 11/08/02-01118-008 **155.00 FL Zip Code	
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.
 Signature of Registered Agent _____ Date 11-04-02
 REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Sec	Kenneth Colmado	96 Winfred Ave Yonkers NY 10704	Yonkers NY 10704

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12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of Managing Member/Manager _____ Date 11-04-02 Daytime Phone # 718-824-2444
 Typed or printed name of signing Managing Member/Manager _____

CR2E084 (8/02)