

REINSTATEMENT

2002 FORM BUSINESS REINSTATEMENT

DOCUMENT # L010000058

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 30 AM 10:41

ENGINEERED CONCRETE STRUCTURES L.L.C.

REINSTATEMENT 2002

Principal Place of Business
701 BRICKELL AVE.
SUITE 3000
MIAMI FL 33131

Mailing Address
701 BRICKELL AVE.
SUITE 3000
MIAMI FL 33131

2. Principal Place of Business
2121 PONCE DE LEON BLVD
Suite, Apt. #, etc.
721

3. Mailing Address
2121 PONCE DE LEON BLVD.
Suite, Apt. #, etc.
721

City & State
CORAL GABLES, FL

City & State
CORAL GABLES, FL

Zip
33134

Country

Zip
33134

Country

4. FEI Number
65-1110315

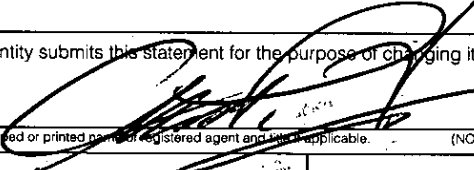
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE.
SUITE 3000
MIAMI FL 33131

7. Name and Address of New Registered Agent
Name
ALBERT P. VEGA
Street Address (P.O. Box Number is Not Acceptable)
2121 PONCE DE LEON BLVD.
SUITE 721
City
CORAL GABLES FL Zip Code
33134

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.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating)

DATE 10/28/02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	Capdevielle, Xavier	2121 Ponce de Leon Blvd., #721	Coral Gables, FL 33134	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
MANAGER	LUIS OSELLA	2121 PONCE DE LEON BLVD, #721	CORAL GABLES, FL 33134	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  SIGNATURE REQUIRED 10/28/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (9/01)