

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| APPLICATION FOR REINSTATEMENT | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
|---|--------------------------------------|--|-----------------------|
| DOCUMENT # L53883 | | | |
| 1. Corporation Name J.S.L. CONSTRUCTION CO. | | | |
| Principal Place of Business 7436 SW 117 AVE 154 MIAMI FL 33183 US | | Mailing Address 7436 SW 117 AVE 154 MIAMI F 33183 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 Date To Do Business in Florida | | 5. FEI Number | |
| 03/01/1980 | | 65-0182648 | |
| Applied For | | Not Applicable | |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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) | | | |
| 1. Title(s) | 2. Name of Officers and/or Directors | 3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4. City / State / Zip |
| DP | ESPINOSA, MARTIN | 7436 SOUTHWEST 117 AVENUE, SUITE | MIAMI FL |
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| 8. Name and Address of Current Registered Agent | | 9. Name and Address of New Registered Agent | |
| WIENER, MARVIN I. 2121 PONCE DE LEON BLVD SUITE 1040 CORAL GABLES FL 33134 | | Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code | |
| 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. | | 11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| Signature of Registered Agent <i>Martin Espinosa</i> REGISTERED AGENT MUST SIGN | | Date 12/10/98 02-8-99 (See other side for information on intangible tax.) | |
| 12. 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: <i>Martin Espinosa</i> Martin L. Espinosa 1/10-2 98 3055951221 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | |