PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

96 NOV 21 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-11/26/96--01027--024
***375.00 ***375.00

900002013679--3
-11/26/96--01027--025
*****8.75 *****8.75

DOCUMENT # L72218

1. Corporation Name
INTEGRATED STRUCTURAL BUILDERS

Principal Place of Business	Mailing Address
8300 S.W. 8 STREET SUITE 301 MIAMI, FLORIDA 33144	1699 CORAL WAY SUITE 512 MIAMI, FLORIDA 33145

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
Suite, Apt. #, etc.	1699 CORAL WAY Suite, Apt. #, etc. 512
City & State	City & State MIAMI, FLORIDA
Zip / Country	Zip 33145 / Country DADE

4. Date Incorporated or Qualified To Do Business in Florida: MAY 26, 1992.

5. FEI Number: ID#65-0195837 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

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
PRES.	HUGO D. PRADERA	1699 CORAL WAY STE.512	MIAMI, FL. 33145
SEC.TRES.	HUGO D. PRADERA	1699 CORAL WAY STE 512	MIAMI, FL. 33145

REINSTATEMENT 1996
11-21-96

8. Name and Address of Current Registered Agent

HUGO D. PRADERA
1699 CORAL WAY
SUITE 512
MIAMI, FLORIDA 33145

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City / State FL / Zip Code

CR2E040 (12/95)

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.

Signature of Registered Agent _____ REGISTERED AGENT MUST SIGN Date 10/30/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation 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: Hugo D. Pradera 10/25/96 (305)856-7003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #