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APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 OCT 14 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M11950

1. Corporation Name

CONSTRUCTION SPECIALIST GROUP, INC.

Principal Place of Business	Mailing Address
10450 N.W. 132ND STREET HALEAH GARDENS FL 33016	10450 N.W. 132ND STREET HALEAH GARDENS FL 33016

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/28/1985	
City & State		City & State		5. FEI Number	
Zip		Country		60-2498721	
				Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>					

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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	4. City / State / Zip
P	REGALADO, REINALDO, JR.	10450 N.W. 132ND STREET	HALEAH GARDENS FL 33016
S	REGALADO, OLGA	10450 N.W. 132ND STREET	HALEAH GARDENS FL 33016

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
REGALADO, REINALDO, JR. 10450 N.W. 132ND STREET HALEAH GARDENS FL 33016		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		State	Zip Code
		FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0606, F.S.

Signature of Registered Agent: *[Signature]* **REQUIRED** Date: 10-12-99
 REGISTERED AGENT MUST SIGN

11. 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(2)(f), 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]* **REQUIRED** Date: 10-12-99
 SIGNATURE AND TYPE OR PRINTED NAME OF OFFICER OR DIRECTOR OF CORPORATION

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Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850) 922-4004

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

CORPORATION REINSTATEMENT
CONSTRUCTION SPECIALIST GROUP, INC.

Certificate of Status	1
Certified Copy	0
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