PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
05 SEP -7 PM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M30602

1. Corporation Name

R. O. N. P. U. Construction Corp.

500058880245
09/20/05--01043--004 **458.75

2. Principal Office Address	3. Mailing Office Address
6960 NW 42nd ST	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: FL
Zip: 33166 Country: U.S.A.	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: N/A ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional fee for Certified Copy

7. Name and Address of Current Registered Agent

Name: Alex Mendoza

Street Address (P.O. Box Number is Not Acceptable): 6960 NW 42 st

500058880245
08/23/05--01026--003 **250.00

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33166

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: _____ Date: 7-25-05
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Alex Mendoza	3751 SW 128 Av	Miami Fl 33175
V. Pres	Alexis Mendoza	3751 SW 128 Av	Miami Fl 33175
		REINSTATEMENT 9-2-05	

10. 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: _____ 7-25-05 (305)591-7377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #