

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 24 PM 2:19

DOCUMENT # M90350

1. Corporation Name

CIZANDON CONSTRUCTION CORP.

2. Principal Office Address

1316 BAYVIEW CIRCLE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WESTON, FL

City & State

Zip

33326

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/20/1988

5. FEI Number

650011966

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LUIS E. NIEVAS

Street Address (P.O. Box Number is Not Acceptable)

1316 BAYVIEW CIRCLE

Suite, Apt. #, Etc.

City

WESTON

State
FL

Zip Code

33326

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date 9/22/03

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
P	LUIS E. NIEVAS	1316 BAYVIEW CIRCLE	WESTON, FL 33326
VP	NIEVIS S. NIEVAS	1316 BAYVIEW CIRCLE	WESTON, FL 33326

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUIS E. NIEVAS

Date

9/22/03 (954) 673-9847

Daytime Phone #

CR2E081 (10/02)

9/25/03