

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

02 OCT 23 PM 3:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N51269**

1. Corporation Name

**AMIGOS CONSTRUCTION AND COMMUNITY  
DEVELOPMENT CORPORATION**

2. Principal Office Address

1185 Sunset Drive

3. Mailing Office Address

1185 Sunset Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Gables, Florida

City & State

Coral Gables, Florida

Zip

33143

Country

Miami-Dade

Zip

33143

Country

Miami-Dade

4. Date Incorporated or Qualified  
To Do Business in Florida

10/13/1992

5. FEI Number

65-0361313

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 00-02**

**7. Name and Address of Current Registered Agent**

Name

Doris Emerson

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

914 East Ridge Village Drive

Suite, Apt. #, Etc.

City

Miami

State  
**FL**

Zip Code

33157

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

*Doris M. Emerson*

REGISTERED AGENT MUST SIGN

Date 10-20-2002

**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/D	Doris Emerson	914 East Ridge Village Drive	Miami, Florida 33157
S/D	Carmen Gonzalez	10852 SW 88th St. #319	Miami, Florida 33176
T/D	Ronald Lindhart	7515 SW 164th Street	Miami, Florida 33157
D	Roger Batista	1163 SW 131st Avenue	Miami, Florida 33184
D	Joan Sampieri	9031 SW 62nd Terrace	Miami, Florida 33173
M	John Rogers	9055 SW 158th Street	Miami, Florida 33157

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:**

*Doris M. Emerson*

**DORIS M. EMERSON**

10-20-02

305-251-7073

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)