

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
- SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 24 AM 11:08

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 800 00000 9207

1. Corporation Name

South Florida Engineering & Development

2. Principal Office Address

14241 SW 143rd Ct.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33186

Country

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Same

City & State

Same

Zip

Same

Country

REINSTATEMENT 03-05

4. Date Incorporated or Qualified
To Do Business in Florida

1/27/00

5. FEI Number

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

Samuel Lo Bue

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

14241 SW 143 Court

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33186

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

Samuel Lo Bue
REGISTERED AGENT MUST SIGN

Date

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, S, T	Samuel Lo Bue	14241 SW 143 Court	Miami, FL 33186
D	V.P. Wayne Rosen	14241 SW 143 Court	Miami, FL 33186

600045195486
01/24/05--01010--009 **1050.00

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: Samuel Lo Bue

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Samuel Lo Bue

Date

(305) 232-2340

Daytime Phone #

CR2E081 (01/05)