

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 FEB 18 PM 3:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P00000018923**

1. Corporation Name

CONSTRUCCION AHEAD BUILDERS, INC.

600012975916  
02/24/03--01006--020 \*\*1050.00

**REINSTATEMENT 01-03**

2. Principal Office Address

117 KEY HAVEN RD.

Suite, Apt. #, etc.

3. Mailing Office Address

117 KEY HAVEN RD.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

02/18/00

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

City & State

KEY WEST, FL

City & State

KEY WEST, FL

Zip

33040

Country

USA

Zip

33040

Country

USA

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

Name

Rajindhar M. Ramsingh

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

117 Key Haven Rd.

Suite, Apt. #, Etc.

City

Key West

State

FL

Zip Code

33040

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

2/12/03

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
PRES	RAJINDHAR M. RAMSINGH	117 KEY HAVEN RD,	KEY WEST, FL 33040

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

Date

2/12/03

Daytime Phone #

305  
797-6549

2/19