

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 15 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000020622

1. Corporation Name

SQUARE WORLD CONSTRUCTION INC.

2. Principal Office Address

2140 N.W. 111 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33167

Country

USA

3. Mailing Office Address

2140 N.W. 111 ST

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33167

Country

USA

800015549818

04/09/03--01029--002 **450.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

FEB 17, 2000

5. FEI Number

65-0997703

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

CHARLES E. SMITH

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

2140 N.W. 111 STREET

Suite, Apt. #, Etc.

City

MIAMI, FLORIDA

State

FL

Zip Code

33167

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

4-07-03

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/D	CHARLES E. SMITH	2140 NW 111 ST	MIAMI, FLORIDA 33167

10. I certify that I am an officer or director of 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

C.E. SMITH

Date

4-07-03 (986) 488-4034

Daytime Phone #

25 4/15