

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

04 JAN 28 PM 3:17

DOCUMENT # P00000028258

1. Corporation Name

GENERAL CONTRACTORS-SUBS, INC.

2. Principal Office Address

3663 W 2ND CT.
Suite, Apt. #, etc.

3. Mailing Office Address

3663 W 2ND CT.
Suite, Apt. #, etc.

City & State

HIWALEAH, FL.

City & State

HIWALEAH, FL.

Zip

33012

Country

USA

Zip

33012

Country

USA

REINSTATEMENT 02-04

4. Date Incorporated or Qualified To Do Business in Florida

3/16/00

5. FEI Number

65-0992278

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

JUAN P. RODRIGUEZ

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

3663 W 2ND CT

Suite, Apt. #, Etc.

100028402531

02/09/04--01026--026 **451.00

City

HIWALEAH

State
FL

Zip Code

33012

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

1/27/04

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
PDD	JUAN P. RODRIGUEZ	3663 W 2ND CT.	HIWALEAH, FL. 33012
VPSD	ALEJANDRO C. MIRANDA	16075 NW 45TH AVE.	OPA LOCKA, FL. 33054

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

1/27/04

Daytime Phone #

(786) 346-0424

CR2E081 (10/02)