

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

05 NOV 29 PM 12:41

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.

REINSTATEMENT 05

City & State
HiALEAH Fla.
Zip
33012
Country
USA

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HiALEAH Fla.
Zip
33012
Country
USA

4. Date Incorporated or Qualified To Do Business in Florida
03/20/2000

5. FEI Number
650992278
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.
City
HiALEAH

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
[Signature]
REGISTERED AGENT MUST SIGN

Date
11/28/05

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
<u>PD.</u>	<u>JUAN Rodriguez</u>	<u>3663 W 2ND CT. HiALEAH FL. 33012</u>	<u>HiALEAH FL. 33012</u>

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12/08/05--01008--006 **750.00

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)(f), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
11/28/05
Daytime Phone #

CR2E001 (10/02)