

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 SEP -9 AM 11:43

RECEIVED STATE
FALL 11/15/09

DOCUMENT #

1. Corporation Name

P000000035531

KEY-TECH Design-Build Group, Inc.

2. Principal Office Address - No P.O. Box #

16521 SW 297 TERR

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

Country

33033 USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

651019979

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

LEON AZICRI

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

16521 SW 297 TERR

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33033

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 09-6-11

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
D	Jose A. Barrera	16521 SW 297 TERR	Miami FL 33033
D	LEON AZICRI	16521 SW 297 TERR	Miami FL 33033

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 contained in Chapter 119, 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

09/6/11

Daytime Phone #

2/9/11