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 SEP 21 AM 8:00

DOCUMENT # P00000035865

REINSTATEMENT 03-04
MRS

300041224353
09/21/04--01077--002 **900.00

1. Corporation Name
SAUCEDA CONTRACTOR, INC.

2. Principal Office Address	3. Mailing Office Address
12830 SUGAR Bluff Rd.	12830 SUGAR Bluff Rd.
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. N/A
City & State Clermont, Fl.	City & State Clermont, Fl.
Zip 34711 Country USA	Zip 34711 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 04/05/2000

5. FEI Number #59-3640037 ☐ 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: MENTOR SAUCEDA

Street Address (P.O. Box Number is Not Acceptable): 12830 Sugar Bluff Road

Suite, Apt. #, Etc.:

City: Clermont | State: FL | Zip Code: 34711

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: Mentor Sauceda Date: 9. 17 04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
PD	MENTOR SAUCEDA	12830 Sugar Bluff Rd.	Clermont, Fl. 34711

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: Mentor Sauceda 9/17/04 (407) 468 8004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #