PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

FILED

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DOCUMENT # P0000	0053104			SECRETARY OF S TALLAHASSEE, FLO	TATE ORIDA		
SIGS & RUIZ CONSTRUCTION CORP.				9000081825391 -10/03/0201021026 *****300.00 *****300.00			
2							
2. Principal Office Address 9911 W Okeechobee Roa	3. Mailing Office Ad 9911 W Oke	dress ee chobee Road					
Suite, Apt. #, etc. Suite, Apt. #, etc.							
6-208			4. Date incom	4. Date incorporated or Qualified			
City & State Hialeah Florida	City & State Hialeah Fl	orida	5. FEI Numb		6/01/2000 Applied For		
33016 Country U.S.	Zip33016	Country U.S.A.	6. CERTIFICATI		Not Applicable \$8.75 Additional Fee require		
	7. Name an	d Address of Current Re		Contract Con	for a Certificate of Status		
Name	YANNY A SANC		gistered Agent				
Street Address (P.O. Box Nun	ober is Not Acceptable) 9911 West Ok	eechobee Road					
Suite, Apt. #, Etc.	Apartment 6-	208		· ** * ;			
City	Hialeah	The state of the second based of the second		State Zip Code FL 33016			
8. I, being appointed the registered agent of Registered Agent			t the obligations of sect	tion 607.0505 or 617.0503,			
	REGISTERED AGENT MUS						
9. Names and Street Addresses of Each O	fficer and/or Director (Florida non	profit corporations must lis	st at least 3 directors)				
Titles Name of Officers and/or D	Directors	stors Street Address of Each Officer and/or Director		City / State / Zip			
DP YANNY A SANCHEZ	. 911	1 W Okeechobee	Road 6-208	Hialeah Flo	rida 33016		
`				'			
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O Location that Lambar of Grant and Track							

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 filling this reinstalement 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), E.S. The information indicates on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE	SI	G	N	Α	Т	U	R	B
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YANNY A.SANCHEZ.

9/27/2002

(305) 362-9139

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

SIGS & RUIZ CONSTRUCTION CORPORATION
9911 West Okeechobee Road Apartment 6-208
Hialeah Florida 33016

Re.: Document #P0000053104

September 27, 2002.

SECRETARY OF STATE DIVISON OF CORPORATIONS REINSTATEMENT SECTION Tallahassee Florida

Gentlemen:

Find enclosed Reinstatement document for the above mentioned company as well as a check for the amount of \$300.00 for Reinstatement fee, as I spoke to an examiner in this date; I want to inform, that I never received the Annual Report Form, and I had no knowledge of this situation, this is the reason why I am requesting to be waived in penalties, this is the first time I am organized with a corporation, but this situation never will happen to me again.

I thank you for the attention given to my petition.

Sincerely)yours,

A. Sanchez, President S & RUIZ CONSTRUCTION CORP.

Incl.: Reinstatement
 Check for \$300.00