

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAY -3 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000053107

1. Corporation Name
CONSTRUCTA DEVELOPMENT, INC.

2. Principal Office Address
201 Alhambra Circle

Suite, Apt. #, etc.
Suite 502

City & State
Coral Gables

Zip Country
33134 US

3. Mailing Office Address
201 Alhambra Circle

Suite, Apt. #, etc.
Suite 502

City & State
Coral Gables

Zip Country
33134 US

4. Date Incorporated or Qualified
To Do Business in Florida --6/01/2000--

5. FEI Number Applied For
65-1034871 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-02

7. Name and Address of Current Registered Agent

Name **Manuel M. ARZSU, Esq** **688885507786-5**
-05/14/02--01017--007
****900.00 ****900.00
Street Address (P.O. Box Number is Not Acceptable)
201 Alhambra Circle, Suite 502
Suite, Apt. #, Etc.
City **CORAL Gables, FL 33134** State **FL** Zip Code **33134**

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 Date **4/22/02**
REGISTERED AGENT MUST SIGN

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	Anez, Roberto	201 Alhambra Circle, Suite 502	Coral Gables, FL 33134
VPD	Brillenbourg, Rene	201 Alhambra Circle, Suite 502	Coral Gables, FL 33134
VPSD	Nannini, Mauro	201 Alhambra Circle, Suite 502	Coral Gables, FL 33134

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: **4/22/02** (305) 785-8995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #