


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 DEC - 14 PM 4:00

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P0000060137			
1. Corporation Name Audy Construction, Inc.			
2. Principal Office Address 601 NE 22nd Street <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address 601 NE 22nd Street <small>Suite, Apt. #, etc.</small>	
City & State Miami, FL		City & State Miami, FL	
Zip 33131	Country US	Zip 33131	Country US
4. Date Incorporated or Qualified To Do Business in Florida 06/21/2000		5. FEI Number None	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		So 75 Additional Fee required for a Certificate of Status	

REINSTATEMENT

01

7. Name and Address of Current Registered Agent

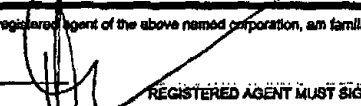
Name: **Albert J. Xiques, Esq.**

Street Address (P.O. Box Number is Not Acceptable):  
1000 Brickell Avenue

Suite, Apt. #, Etc.:  
Suite 660

City: Miami State: FL Zip Code: 33131

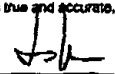
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of Registered Agent:  REGISTERED AGENT MUST SIGN Date: 12/14/01

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	Jihad El Doujeiji	6039 Collins Ave #802	Miami Bch, FL 33140

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)(c), 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:  AD Date: 12/14/01 Daytime Phone #: 305 377 1000

CORP001 (9/00)

Division of Corporations

Page 1 of 2

Florida Department of State  
Division of Corporations  
Public Access System  
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H01000121268 6))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 205-0384

From:

Account Name : ALBERT J. XIQUES, ESQ.  
Account Number : 110166000015  
Phone : (305) 377-1000  
Fax Number : (305) 377-1055

CORPORATION REINSTATEMENT

AUDY CONSTRUCTION, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$758.75