

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 DEC 20 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000075581

1. Corporation Name

CL PROFESSIONAL SHOTCRETE, INC.

2. Principal Office Address

3540 N.W. 100th St

Suite, Apt. #, etc.

City & State

Miami, Fl.

Zip

33147

Country

U.S.A.

3. Mailing Office Address

5035 Palm Ave.

Suite, Apt. #, etc.

City & State

Hialeah, Fl.

Zip

33012

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/04/2000

5. FEI Number

65-1037182

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

2001

7. Name and Address of Current Registered Agent

Name

Contreras, Santiago

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

3540 N.W. 100th St.

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33147

100004880251-5

-02/05/02--01047--005

****750.00 ****750.00

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 12/17/01

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
P/S	Contreras, Santiago	3540 N.W. 100th St.	Miami, Fl. 33147

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/17/01

Date

(305) 975-2235

Daytime Phone #

CH2E081 (9/00)