PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P0000079276

1. Corporation Name

PINEYRO CONSTRUCTION SERVICES, INC.

Principal Place of Business

Mailing Address

3470 SW 72ND OLD AVENUE MIAMI FL 33155

SIGNATURE:

3470 SW 72ND OLD AVENUE MIAMI FL 33155

REGISTERED AGENT MUST SIGN

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR



FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

If above	addresses are	incorrect in any way, line t	hrough incorrect i	nformation a	and enter correction below.	REIN	ISTATEMEN	T 2003
2. New Principal Office Address, If Applicable			3. New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 08/22/2000		
Suite, Apt. #, etc.			Suite, Apt. #	Suite, Apt. #, etc.		5. FEI Numbe	5. FEI Number Applied For Not Applicable	
City & State			City & State			_		
Zip Country			Zip Cou		Country	GERTIFICATI	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee requir for a Certificate of Status	
7. Names	and Street Ad	dresses of Each Ófficer an	d/or Director (Flo	orida nonpro	fit corporations must list at le	ast 3 directors)		
Title(s)				Street Address of Ea Officer and/or Direct			City / State / Zip	
PDS	PINEYRO, JOSE O			3470 SW 72 OLD AVENUE			MIAMI FL 33155	
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						12/16	00255258 03-0034-05	5 1 **758,75
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Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent		
PINEYRO, JOSE O 3470 SW 72ND OLD AVENUE					Name			
					Street Address (P.O.		O. Box Number is Not Acceptable)	
MIAMI FL 33155				Suite, Apt. #, Etc.				
					City State Zip Co			Zip Code
10. I, bein	appointed th	e registered agent of the a	bove named corp	oration, am	familiar with and accept the o	bligations of Sect	ion 607.0505, F.S. or 617.0505	, F.S.
Signature (of '	Zaron o	M (2			11/20	/p 3

11. 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