


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P0000082805

1. Corporation Name
METAL CONSTRUCTION OF MIAMI INC.

Principal Place of Business % 1120 CASTILLE CORAL GABLES FL 33134	Mailing Address % 1120 CASTILLE CORAL GABLES FL 33134
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 SECRETARY OF STATE
 TALLAHASSEE FLORIDA



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida 08/31/2000
Suite, Apt. #, etc. 4615 NW 72 AVE SUITE 115	Suite, Apt. #, etc. 4615 NW 72 AVE SUITE 115	5. FEI Number 65-1037435
City & State MIAMI - FLA	City & State MIAMI - FLA	Applied For Not Applicable
Zip 33166	Country DADE	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	PIMENTA, ORLANDO	7010 S.W. 106TH PLACE	MIAMI FL 33173
VD	BORON, CELESTINO	1120 CASTILLE	CORAL GABLES FL 33134
			800004716848--1 -12/10/01--01088--002 ****758.75 ****758.75

8. Name and Address of Current Registered Agent BORON, CELESTINO 1120 CASTILLE CORAL GABLES FL 33134	9. Name and Address of New Registered Agent	
	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	State FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [Signature] Date: 11-8-2001

REGISTERED AGENT MUST SIGN

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

SIGNATURE: [Signature] 11-8-2001 305-513-9115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20040 (8/01)