

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 MAR 18 AM 10:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

Construction Affairs, Inc.

40000004665

2. Principal Office Address

2651-A N. W. 20th Street

3. Mailing Office Address

2651-A N. W. 20th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33142

Country

Zip

33142

Country

**REINSTATEMENT**

400013907864

03/11/03--01011--022 #4900 00

4. Date Incorporated or Qualified  
To Do Business in Florida

9/12/2000

5. FEI Number

65-1039792

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

John Kennedy

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

11522 S. W. 187th Terrace

Suite, Apt. #, Etc.

City

Miami

State  
**FL**

Zip Code  
**33157**

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date **February 28, 2003**

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
PT	John Kennedy	11522 S. W. 187th Terrace	Miami, Florida 33157
S	Christine Overton	11522 S. W. 187th Terrace	Miami, Florida 33157
VP	Henry Kennedy	1148 Union Street, #7	Brooklyn, New York 11225

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

*[Signature]*

2/28/03

Date

305 635-3383

786 355-5688

Daytime Phone #

CR2E081 (10/02)