

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 19 PM 1:30

DOCUMENT # P00000096416

1. Corporation Name

MUNOZ CONSTRUCTORS, INC.

Principal Place of Business

1501 E KALEY
ORLANDO FL 32806

Mailing Address

1501 E KALEY
ORLANDO FL 32806



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/12/2000

5. FEI Number

59-3675086

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	MUNOZ, FRANKLIN	1501 E KALEY	ORLANDO FL 32806
DV	MUNOZ, ELIZABETH	1501 E KALEY	ORLANDO FL 32806
			100004663311--0 -11/01/01--01081-012 ****500.00 ****500.00
			100004663311--0 -11/01/01--01081-013 ****250.00 ****250.00

8. Name and Address of Current Registered Agent

MUNOZ, ELIZABETH
1501 E KALEY
ORLANDO FL 32806

9. Name and Address of New Registered Agent

Name

Elizabeth Muñoz

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

919 Solandra Dr

Suite, Apt. #, Etc.

City

OR

State

FL

Zip Code

32807

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

Elizabeth Muñoz
REGISTERED AGENT MUST SIGN

Date

10.15.01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/15/01

CR2E040 (8/01)