

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT -2 PM 3:14

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P00000104385

1. Corporation Name
LUZARRAGA CONSTRUCTION COMPANY

2. Principal Office Address
240 CRANDON BLVD

Suite, Apt. #, etc.
167

City & State
KEY BISCAIYNE, FL

Zip Country
33149 USA

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

City & State

Zip Country

600023487996
10/01/03--01046--010 **750.00
REINSTATEMENT 02

4. Date Incorporated or Qualified
To Do Business in Florida 2000

5. FEI Number 65-1061606
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
ANTONIO R. MENENDEZ
Street Address (P.O. Box Number is Not Acceptable)
150 W. FLAGLER ST
Suite, Apt. #, Etc.
2200
City
MIAMI

State Zip Code
FL 33130

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]* Date 9/26/03
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	MONICA LUZARRAGA	115 HARBOR DR	KEY BISCAIYNE, FL 33149
V	SERGE LUZARRAGA	115 HARBOR DR	KEY BISCAIYNE, FL 33149
D	WILFREDO BORROTO	241 HARBOR DR	KEY BISCAIYNE, FL 33149
D	MARILYN BORROTO	241 HARBOR DR	KEY BISCAIYNE, FL 33149
D	OTO BORROTO	798 CRANDON BLVD #14	KEY BISCAIYNE, FL 33149

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]* MONICA LUZARRAGA Date 9/22/03 (305) 361-6197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR25081 (10/02)

7/10/2