

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

33149

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

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

FL

Zip Code

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]
REGISTERED AGENT MUST SIGN

Date

9/26/03

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/22/03 (305) 361-6147

Daytime Phone #

CR25081 (10/02)

7/10/2