PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 23 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000106674

1. Corporation Name
Florida Contractors Group Inc

REINSTATEMENT 03

2. Principal Office Address	3. Mailing Office Address
620 E 32 St	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hialeah Fla	City & State
Zip: 33013 Country: Dade	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-1058693 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Clara Valdes

Street Address (P.O. Box Number is Not Acceptable): 620 E 32 ST

500024056825
10/23/03--01084--010 **50.00

Suite, Apt. #, Etc.:

City: Hialeah — State: FL — Zip Code: 33013

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: Clara Valdes — Date: 10/22/03
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
Pres.	Clara Valdes	620 E 32 St	Hialeah Fla 33013

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 607.1401 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 119.0 7(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the name legal effect as if made under oath.

SIGNATURE: Clara Valdes — 10/22/03 — 786-281-9145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/28

October 22, 2003

To whom it may concern:

Attached is an reinstatement application that I downloaded from my computer because I have never secured the renewal nor the reinstatement I found out that it was inactive because I went to file an exclusion for Workers Comp. I had and address change and it reflects on the new form.

Sincerely

Clara Jones
Florida Contractors Group Inc
President