

2003

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN 22 PM 3:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000107955

## 1. Corporation Name

SIMCAS CONSTRUCTION INC

## 2. Principal Office Address

1251 SW 137TH AVENUE

Suite, Apt. #, etc.

## 3. Mailing Office Address

251 SO. STATE ROAD 7

Suite, Apt. #, etc.

## City &amp; State

MIRAMAR, FL

## City &amp; State

PLANTATION, FL

## Zip

33027

## Country

BROWARD

## Zip

33317

## Country

BROWARD

4. Date Incorporated or Qualified  
To Do Business in Florida

11/17/2000

## 5. FEI Number

65-1048745

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

ADRIAN H. SNAGG

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

251 SO. STATE ROAD 7

## Suite, Apt. #, Etc.

## City

PLANTATION, FL 33317

## State

FL

## Zip Code

33317

## 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

Date

11/17/03

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	SHIRAZ A. CASSIM	4251 SW 137TH AVENUE	MIRAMAR, FL 33027

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

SHIRAZ A. CASSIM

Date

Daytime Phone #

11/17/03 454-234-7517

CR2E081 (9/01)